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ABSTRACT

The goal of the Case Decision Project (CDP) was to develop a method to improve the efficiency and effectiveness of program management in child protective services in Texas. At the onset of the project, workers across the state had no uniform method of obtaining case information. Therefore, an automated case investigation system was developed. Development of the system involved the identification of data items needed for making decisions about child abuse and neglect investigations, creation of a manual case investigation workbook, and creation of an automated case investigation support system that also provided a foundation for case planning. The two latter components, the manual and the system, were designed to function independently as an investigation documentation system, or to be used jointly as a more comprehensive system. This process evaluation of the CDP contains a narrative description of activities, events, and issues relevant to establishing the project and achieving its objectives. Comprising most of the report, appendices provide copies of the Case Investigation Decision Support System (CIDSS) workbook, the CIDSS training manual, the CIDSS pilot status report, guidelines for CIDSS data storage and retrieval, CIDSS data entry screens, and a list of project utilization and dissemination activities. (RH)

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# Final Report

## (Process Evaluation)

ED277478

# Case Decision Project

## Grant No. 90CA0974/01

November 30, 1986

PS 016255

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**Office of Strategic Management, Research, and Development**

**Texas Department of Human Services**

# CASE DECISION PROJECT
# FINAL REPORT
# (PROCESS EVALUATION)

September 1, 1984, through August 31, 1986

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November 30, 1986

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## EXECUTIVE SUMMARY

In the past few years, Texas has faced increasing difficulty keeping pace with the rising need for child protective services (CPS). In response to this need, the Texas Department of Human Services (DHS) has developed a method to combine computer technology and expert CPS knowledge to help CPS field workers improve their ability to make consistently sound case management decisions.

Development of an automated case investigation system included (1) identification of data items needed for making decisions about child abuse and neglect investigations, (2) creation of a **manual case investigation workbook,** and (3) creation of an **automated case investigation support system** that also provided a foundation for case planning.

**Data collection elements** for investigation and assessment were specified and validated to ensure that core data were available on every case. Formats were developed to capture the information a worker actually used to make case decisions. The resulting body of data, consistent across all cases, facilitated decisions about case planning and case management. Simple entry screens were designed to collect data, to help the workers determine eligibility, and to identify service needs. Software was developed to organize and present data in specific configurations that facilitated case tracking and management decision making.

A **pilot test of the manual case investigation workbook** was conducted to help refine its content and organization and to test its usefulness. From the result of the pilot test, the project staff were able to conclude that the workbook can and should be implemented statewide.

When this process evaluation was written, other DHS personnel had not yet completed their **impact evaluation of the pilot test for the automated case investigation support system.** Results for this pilot test and for the manual workbook pilot test will be detailed in the impact evaluation report, which will be submitted in December 1986.

## GLOSSARY

The following short list of specialized terms should help readers who want to "skim read" parts of the report.

**Automated Mapper Intake (AMI) System**--revision of the existing automated Prompted Intake System to make it compatible with CIDSS.

**Case directory**--in CIDSS, an electronic file giving case status and assignments.

**Case Investigation Decision Support System** (CIDSS)--the Case Decision Project developed two main products:

1. A **manual** CIDSS workbook and

2. an **automated** version of CIDSS.

**MAPPER**--Maintaining, Preparing, and Producing Executive Reports; the computer language used in CIDSS.

## INTRODUCTION

### Note on Project Reporting

The Case Decision Project's final report is being submitted as two separate documents: (1) the process evaluation report and (2) the impact evaluation report. This document, the process evaluation, contains a narrative description of activities, events, and issues relevant to establishing the project and achieving its objectives. The impact evaluation, which will describe the results of the manual and automated pilot tests, must be submitted separately due to the period of time required to obtain the data necessary to analyze the automated pilot.

### Need for the Project

In recent years the Texas Department of Human Services (DHS) has faced a rising need for child protective services (CPS) that exceeds the Department's capacity to respond to all cases in a timely way. The causes of this situation include population growth, migration into the state from Mexico and other states, unemployment, and a reduction in state revenues. In a single year (1983) the reported incidence of child abuse or neglect in Texas rose by almost 9 percent over the preceding year. To complicate the problem, this increase in need has come at a time when the available resources are shrinking.

Shrinking resources and increasing caseloads have limited the time that workers can give each case and made it more difficult for them to make decisions efficiently, accurately, and consistently. As a result, families may not be offered appropriate services, inappropriate foster care placements can occur, and children sometimes have to wait longer for a decision about placement in an adoptive home.

### Goal

The goal of the Case Decision Project was to develop a method to improve the efficiency and effectiveness of

program management in child protective services at the Texas Department of Human Services. The target population for the project consisted of children, youth, and families—specifically, abused and neglected children and their families.

## Objectives

The project developed methods for achieving two objectives:

1. to improve the consistency and accuracy of decisions about the existence of abuse or neglect and about eligibility for child protective services; and

2. to improve the assessment of a family's need for continued services to remedy problems contributing to child abuse or neglect.

## Status of Objectives

At the outset of the project, workers across the state had no statewide, uniform method of obtaining case information. The Case Decision Project researched and standardized those data elements that caseworkers used to make case decisions. Standardizing these data elements allowed the project to meet its goal and objectives by--

- ensuring that CPS workers statewide were recording the same information on which to base decisions;

- improving accuracy because the data elements that were developed through research and field testing focused the worker's attention on those elements critical to making case decisions; and

- structuring the data elements in the manual investigation workbook to enhance the worker's decision-making process. (A significant number of the data elements developed related specifically to assessing a family's need for services. Thus, the manual investigation workbook not only provided the worker a clear, easily

understood format from which to assess the family's needs but also helped the worker determine the services that should be provided.)

**Major Features**

In order to achieve the project goal and objectives it was determined that the data elements critical to effective investigation and assessment would have to be specified and standardized to ensure that consistent, accurate data would be available on each case across the state. Simple entry screens would have to be designed to collect data and to assist the worker in making eligibility determinations and in identifying service needs. Software would have to be developed to organize and present the data collected in specific configurations that would address possible actions that could be taken.

These steps should result in a core body of data, consistent across cases, that would facilitate case planning by ensuring that basic case data would be available for planning each case. The case investigation process would also need to document the information a worker would use to make case decisions. A manual format, consistent with the automated case investigation system, would have to be developed so that the new investigation system could be implemented in areas of the state not having an automated capacity.

In addition, data from the automated system would have to be extracted for use at various administrative levels for management processes and decisions. The resulting information could be used for decisions about resource development and staff development. Data collected during the project would also form a critical section of regional/state office management information systems and would assist in future development of a complete CPS program management model.

**PROJECT DEVELOPMENT**

Regional and state office staff determined that three essential tasks were required to meet the project objectives:

- Task 1--specify the data elements that needed to be collected during an investigation in order to arrive at a sound decision about case disposition;

- Task 2--develop a model of the decision-making process; and

- Task 3--incorporate these two tasks into an instrument that would allow for ease of data collection by the caseworker and ease of reading by the supervisor.

**Manual Workbook Development**

The first step in accomplishing these three tasks was to design a manual version of the Case Investigation Decision Support System (CIDSS). This manual investigation workbook was submitted for review and modification to a group of CPS experts from across the state. One skilled practitioner from each of the 10 DHS regions was chosen, and after an extensive review of the clinical and research literature on CPS, the first version of the manual workbook was developed.

After producing three revisions of the workbook, the work group agreed that no further development could take place without testing the workbook in the actual work environment. Field-testing would determine the final version of the data elements and the most useful format in which to display them. Field testing would also help the work group identify the factors necessary in the case investigation and assessment decision-making process.

A field-ready version of the workbook was produced, and three sites in Texas volunteered to test it for 60 days. The workbook was introduced with only a basic overview, and the regional sites tested it for 30 days. At that time their recommendations for modifications were obtained and used to generate another revision. The revised workbook was then introduced to the same sites; after a further 30 to 45 days of use the regional sites' recommendations were again solicited, and an improved version of the workbook was generated.

**RIF/RAF Model Development**

By this time, the workbook had assumed a usable and relatively stable form, and the developers decided that it should be tested at another site with the additional element of providing thorough training. During the process of developing this training, the initial form of the decision model first emerged. Relying on the results of the literature review as well as upon an analysis of how the workbook had been used in field-testing, a model was developed and introduced as the focus of the training.

The model, which later came to be called the RIF/RAF Model (Risk-Intensity Factors/Resource-Availability Factors), was based upon the idea that the decision to provide child protective services is a two-stage process.

**Stage 1.** Data from three general areas are collected and analyzed to determine the intensity of risk for abuse/neglect to the child. These areas are--

- The Event: did the alleged abuse/neglect occur?
- The Effect: how severe was the abuse/neglect, and what are its effects upon the child and the family?
- The Environment: to what extent does the psychosocial and physical environment act to support or prevent the occurrence of abuse/neglect?

**Stage 2.** The second stage in the RIF/RAF Model is invoked only if some degree of risk intensity is determined in Stage 1. Resources available to reduce risk intensity are assessed in order to arrive at one of three case decisions. These decisions would be to close the case, open the case for in-home services, or remove the child from the home. The case decisions are assesed as follows:

- The Family: Does the nuclear and/or extended family have sufficient resources to reduce the risk intensity? If so, the case can be closed.

- The Community: Are community resources available and accessible to the family to reduce the risk intensity? If so, the case can be closed after appropriate referrals are made.

- Child Protective Services: If the child is still at risk after the application of family and community resources, the family is eligible for child protective services. The level of risk at this point will determine the level of intervention.

The workbook was introduced to the new site with the training component and tested for 60 days. Results from this test were presented with the results from the other field tests at a meeting of the work group. Another revision of the workbook resulted (Appendix A), and the work group determined that the workbook was close enough to its final form that a formal pilot test and evaluation was called for. It was decided that the pilot should be conducted on all types of cases, in both rural and urban settings. With these criteria in mind, two regions that met the selection criteria volunteered as pilot sites: Region 11 (Houston) and Region 8 (Corpus Christi and the Rio Grande Valley). (The results of the pilot tests will be discussed in the impact evaluation report, to be submitted in December 1986.)

## Design of the Automated System

**Initial Approach.** The first approach to developing the automated design was a very structured methodology that would have entailed producing a series of design documents before actual programming of the systems.

- The **conceptual design** would state in general terms what the user would like the automated system to do;

- The **general design,** using the conceptual design, would choose the most appropriate hardware/software configuration. It also would describe in greater detail how the automated system would function.

- The **detailed design** would describe the actual programming specifications.

**Prototyping Approach.** When CPS staff discovered that this design process required much more time than initially projected, a decision was made to develop the system using a prototyping methodology. In prototyping, an initial computer system is designed and made available for use before all design details are agreed upon or known. Input from the users of the system is used for continuous modification until the system has achieved a form that the users feel is suitable. This approach allowed for more direct input from the regional CPS staff who would actually be using the system.

MAPPER (Maintaining, Preparing, and Producing Executive Reports) was selected as the computer language for the system because (1) it was particularly suited to developing a system by the prototyping approach and (2) it corresponded to the chosen hardware/software configuration.

CPS state office staff met several times with programmers in order to design the initial prototype. Input from field staff was solicited frequently. After agreeing on the design for the automated version of the Case Investigation Decision Support System (CIDSS), it was necessary to rewrite the existing automated intake system (Prompted Intake) as the entry point for the case into CIDSS. This rewrite ensured that the intake report was electronically loaded into CIDSS, allowing the investigator instantaneous access to accurate information and eliminating the need for duplicate entry of client information.

The first step in the effort to rewrite the automated intake system was to complete the initial design of CIDSS. This allowed the existing Prompted Intake System to be programmed with a similar design structure. Although the Prompted Intake System was written in a different computer language, C-BASIC, and its redesign and programming took a great deal of time, the end result was a revised intake system, called the Automated MAPPER Intake (AMI) System, which became a much more essential and useful component of CIDSS.

The second step was to actually program CIDSS. The first test on the prototype took place with pilot site staff in April 1986, and several "bugs" were discovered that required correcting. The software was revised according to staff input and judged ready for implementation by pilot and state office staff as of June 1, 1986.

## Pilot Site Implementation

**Implementation Strategy.** The implementation strategy for the pilot site had three stages.

- **Stage 1.** The pilot staff were introduced to the CIDSS manual workbook. The purpose was to familiarize them with the data elements and the RIF/RAF Model before they were introduced to the automated system. Pilot site staff were trained on the CIDSS manual workbook and began using it for all investigations in March 1986. (Appendix B contains the CIDSS manual investigation workbook materials.)

- **Stage 2.** Intake staff were trained on the Automated MAPPER Intake (AMI) System and began operating AMI before full implementation of CIDSS. This had to be done because CIDSS cannot work unless AMI is fuctioning satisfactorily. AMI began operation in June 1986.

- **Stage 3.** The plan was to operate CIDSS with only two investigation units for a trial period of 30 days. At that point, a decision would be made as to the advisability of expansion to other units. This plan ensured that any major problems would have a minor impact and could be corrected before wide-scale implementation.

**Implementation Problems.** Stages 1 and 2 were carried out satisfactorily, but problems were encountered in trying to limit CIDSS implementation to only two units. After a short time of using the AMI software, it was discovered that all units receiving cases from AMI had to use CIDSS (1) to receive the new intake reports and (2) to track their assignments and status on the electronic management reports

that are a part of the AMI/CIDSS software. This disruption of the implementation plan caused some confusion and resistance at the pilot site.

**Resolutions of Problems.** CPS state office staff resolved the problem by devising a way for two units to make full use of CIDSS while other units could use CIDSS in a limited manner. The two units could document all investigation cases on CIDSS, thus creating the management reports as a by-product of case documentation. The other units were expected to use CIDSS only to update certain information on the management reports. This procedure remained the rule for the rest of the implementation stage.

In September 1986, CPS state office staff met with pilot staff to identify software problems and to specify changes needed. Although staff felt that they were not able to give CIDSS as thorough a test as desired, they felt they learned enough from the pilot to redesign the system to meet the pilot staff's needs. This assessment and redesign stage is consistent with the prototyping methodology. (Appendix C lists the problems and specifications that were submitted to programming staff. Modifications are being made on CIDSS to reflect the changes suggested.)

## CIDSS Operation

CIDSS was designed for two purposes: (1) supporting the investigative process by standardizing information gathered by caseworkers and (2) managing the process more efficiently at all levels from the worker to supervisors. The initial implementation of the system with regional staff concentrated on supporting the investigative process. With the introduction of the automated phase of the pilot, the understanding and use of the management functions is becoming clearer to the users. The process of case assignment within CIDSS was designed to mirror the current case assignment system within the non-automated environment.

CIDSS operates by the seven-step process outlined in the following paragraphs. Appendixes cited at the end of this passage give more detalils.

**Step 1: Receiving the Intake Report.** New reports of suspected abuse or neglect are entered into the Automated MAPPER Intake (AMI) System, which is an automated system for documenting referrals of abuse/neglect and routing them to the appropriate unit for investigation. The case information is sent to CIDSS and creates an entry on the case directory (an electronic file of case status and assignments) for case management purposes.

**Step 2: Assigning the Intake Report.** This step consists of identifying new referrals, reviewing them, and assigning responsibility for the investigation.

- **Step 2-a: Identifying New Referrals.** The investigation unit uses the case directory to identify new referrals. When a case is sent to CIDSS from the AMI System, it is assigned to the supervisor of the unit that is to do the investigation.

- **Step 2-b: Reviewing the Contents of the New Referrals.** The referral can either be reviewed on the computer screen or printed out for review.

- **Step 2-c: Assigning Responsibility for the Investigation.** The supervisor calls up the case on the computer and assigns it to the worker who is to do the investigation. This action automatically updates the information on the case directory and releases the case to the worker for data entry.

**Step 4: Reassigning or Transferring the Case.** CIDSS allows a supervisor to reassign cases to another worker in the unit or to transfer a case to another investigation unit electronically.

**Step 5: Documenting the Results of the Investigation.** The CIDSS software allows for the entry of all information needed to document the results of the investigation. The worker can choose to enter the information him/herself or can record the data on the CIDSS manual workbook (or dictate it following the CIDSS outline) and give it to a clerk for entry. The information can be entered after each contact, after a series of contacts, or after the end of the investigation.

**Step 6: Ensuring That Policy Standards Are Met.** The software has edits to ensure that actions and/or information required by policy or law are documented.

**Step 7: Approving the Case Decision.** When the worker has documented the investigation and made his/her recommendations to open or close the case, the case directory indicates to the supervisor that the case is ready for review. The supervisor then reviews the case and indicates approval or disapproval of the worker's recommended action. If approved, the investigation phase is terminated, and the case information is "locked" (i.e., cannot be changed). If not approved, the case is released back to the worker for further action.

**Step 8: Identifying Cases.** The case directory can be used for inquiry when there is a need to know whether a given case exists, to whom it is assigned, its status, and so forth. This identification function can replace some manual systems currently used for this purpose such as a manually created and maintained case card file.

**Step 9: Management Reporting.** The case directory provides a wide range of management information capabilities, particularly since the user can customize reporting to suit his/her information needs. By using MAPPER commands with the case directory, the user can extract information pertaining to work load distribution, nature of the work load, timeliness of case actions, case actions delinquent or coming due, worker or work group performance, client group characteristics, and other information.

A complete description of the CIDSS data storage and retrieval system is located in Appendix D. Appendix E contains a complete printout of the entry screens that a caseworker would see using CIDSS. Each screen page contains the visual display and an explaination of that particular screen's purpose. These screens should provide the reader with a visual display of how CIDSS functions screen-by-screen.

## PROBLEMS AND ISSUES

The Case Decision Project encountered various problems and issues on several occasions during the project period. These issues were resolved as they arose and are presented here for others to benefit from. The project dealt with issues in four major areas: standardizing data elements, testing the reliability of the workbook, sequencing activities, and selecting hardware.

### Standardizing Data Elements

Standardizing data elements absorbed much more time and resources than staff originally anticipated. In order to construct a decision support system on a computer, it was essential that the process be analyzed minutely and be broken down into specific data elements. These data elements needed to be defined and configured to reflect the process accurately. Investigation of a protective services referral proved to be a very complex process, incorporating a great amount and variety of information. In addition, there is no single, accepted way of investigating and assessing referrals, and the process is full of ambiguity and uncertainty. As a result, specifying the data elements and their interrelationships proved much more difficult than was projected.

### Testing Reliability

After several work group meetings, during which the group had read a sample of investigation cases, the group members began to identify problem areas that seemed to run through the cases. These problem areas related to statewide variations in the level of services provided and the types of decisions made, completeness of required investigation actions, and completeness of case documentation. These problems could be attributed to three factors.

**Statewide Perspective.** Normally, case reading is done within a certain region only; this was the first time that workers from across the state had been assembled to read a

statewide sample of CPS cases. Having participated in the development of CIDSS, which was intended for statewide application, the work group developed a statewide perspective and could see problems and inconsistencies among regions that arose from differing local emphases.

**Applying a Uniform Standard.** Computers are not as flexible in their "thinking" as people are. Whereas policy and practice stated in print can be interpreted and applied in a variety of ways, a computer program is built upon an unbending flow of logic that requires the designer to decide upon one specified policy interpretation or practice application. When this standard was applied to any given area, such as in the case readings done by the work group, problems and differences in how cases are investigated were bound to stand out more clearly.

**Detailed Specification of a Process.** Computers cannot yet read and interpret narrative, which is the usual style of social work documentation. In order for an automated system to function, the casework process must be broken down into discrete variables, or data elements, and the entire process must be exactingly structured. Again, as with the preceding factor, when this level of detail and analysis is applied to a certain area, its problems and inconsistencies more easily come to light.

## Sequencing Activities

Project staff discovered that certain activities, which they thought could take place concurrently, needed to occur one after the other. For example, the task of developing prompting sequences and screens could not even begin until (1) a very clear idea had been formed of the actual data elements to be used and (2) the ways in which they would be related to each other had been determined. In other words, an automated system of such complexity required much more time in the original design phase than project planners realized at first. However, by taking more time in the design phase, a much better system is ensured, and time savings are realized in the long run.

## Selecting Hardware

A major concern initially was whether to do the data processing on a microcomputer or with a mainframe computer system. Both of these alternatives had specific advantages and disadvantages, and DHS had the option of choosing either the mainframe system on a statewide basis or the microcomputers on a local basis.

**Advantages of Mainframe.** DHS staff felt that the mainframe offered more advantages than microcomputers.

- **Case information will be more readily accessible.** Because processing is done on the mainframe, case information will be stored there and can be readily accessed by any authorized staff member who has use of a computer terminal. If the processing were done on a microcomputer, the case information would be stored on individual diskettes or on a hard disc. As a result, case information would be accessible to others only by a complicated and time-consuming process.

- **Information will be available for enhancing case management.** Storing information on all active cases at one location will allow workers, supervisors, and program directors to track the progress of cases under their control and to generate reports that aid in managing work loads and making decisions. These capabilities would be extremely difficult to achieve in a microcomputer environment.

- **There will be less diskette management required of workers.** In a microcomputer application, the workers would have to store case information on a series of diskettes, and they would have to go through a somewhat cumbersome process of loading and unloading diskettes into the computer to do their case documentation. Processing on the mainframe will drastically reduce or eliminate this process, making the work load on the caseworker much easier.

- **The computer language on the mainframe is more flexible, easily modified, and will require less time**

**in coding.** Because of the coding time saved, the mainframe system can be "up" several months sooner than if the project chose to use C-BASIC on a microcomputer. The software under consideration is known as MAPPER--Maintaining, Preparing, and Producing Executive Reports. It will allow for flexibility and ease of modification as changes are made to the system in the future. MAPPER is also very "user-friendly" and will allow field staff to customize reports to suit their individual needs.

**Disadvantages of Mainframe.** Some disadvantages of choosing a mainframe over a microcomputer are--

- **If the mainframe goes down, CIDSS cannot be used.** During times when there are problems with the mainframe, no one can enter or review information in the system. This situation would rarely occur in a microcomputer environment since the microcomputer is not dependent on the mainframe for processing. Safeguards would have to be in place, such as having a manual backup system for data collection and doing a paper printout after each data entry session.

- **Mainframe response time can be slower.** Many people can use a mainframe for many different applications simultaneously; as a result, there can sometimes be delays in entering and processing information. Such delays do not occur with a microcomputer since it is used by only one person at a time. Although response time should not significantly affect certain phases of casework (e.g., investigation), it would definitely impede others (e.g., handling intake reports over the phone).

## Lessons Learned

Several general lessons were learned from this project.

- It is critical for programmers and staff who will be using the system to be closely involved throughout the entire software design and development process. Such

involvement ensures (1) that the field staff's needs are fully stated and communicated clearly and (2) that the programmers are fairly conversant with the concepts, procedures, and problems involved in the function to be automated. Insufficient and/or problematic communication between these two parties can easily result in a faulty product.

- Even with the best of development methodologies, it must be expected that the initial software will require significant change once it is put to full use in the field. Development must be seen not as a one-time effort but as a continuing process of software modification and procedural streamlining.

- Automating a work function changes the way things are done and requires a willingness on the part of staff to re-examine the way they are used to doing things. Staff at the pilot site had great difficulty moving away from systems that relied heavily on paper documentation to a system that carried out certain tasks electronically.

- It is clear that CPS caseworkers should not be expected to do a great deal of case data entry unless there is a payoff for them in terms of time-savings and/or information feedback (e.g., decision support features). Until such time, workers can better accomplish their documentation requirements by using tape dictation methods.

- Before trying to implement advanced automation systems, such as electronic case files and decision support systems, it is important that there first be a well-functioning automated management information system. Such a system introduces staff to automation, and it also streamlines the work environment in preparation for further steps in automation.

## SUMMARY

The Case Decision Project designed a system to assist CPS staff in the investigation of child abuse referrals--specifically with data collection, decision making, and work load management. Two major products were developed: (1) the manual investigation workbook and (2) the automated case investigation support system. Each of these components was designed either to stand alone as an investigation documentation system or, in concert with the other, to form a more comprehensive system. Both the manual system and the early stages of the automated system have been evaluated; a complete analysis of the findings will be submitted in December 1986.

## UTILIZATION AND DISSEMINATION

On several occasions the project director and evaluation specialists gave presentations to DHS staff around the state on the goal and status of the Case Decision Project. In addition, a number of products were developed. A copy of each of the items listed below is being sent to the federal project officer. Items with an asterisk are located in the appendixes of this report. Due to the length of the other items, all of the products could not be included here. A copy of the lengthier items can be obtained upon request from the author of this report. Products developed were--

- the manual investigation workbook;*
- copies of CIDSS training materials;*
- pilot status report;*
- data storage and retrieval system;*
- CIDSS screens;*
- utilization and dissemination activities sheet;*
- a description of software and programming;

- a description of the hardware configuration required by CIDSS;
- the CIDSS programming code;
- a description of MAPPER;
- the final impact evaluation report.

Appendix F contains additional details about utilization and dissemination activities conducted by DHS. In addition to the activities listed, a brochure will be developed to be sent to all of DHS's CPS units. This brochure will summarize CIDSS and inform the units that the final report is available for review upon request. A copy of the final report will also be sent to Project Share and ERIC.

# CASE INVESTIGATION DECISION SUPPORT SYSTEM WORKBOOK

| CASE NAME: | WORKER ASSIGNED: | DATE ASSIGNED: |
|---|---|---|
| | | |

## ACTION REQUIRED BY PRIORITY

### PRIORITY I

| | |
|---|---|
| Oral notification of law enforcement within 24 hrs? | __YES __NO |
| Written report sent to law enforcement within 5 calendar days? | __YES __NO |
| Supervisor contacted for approval within 24 hrs? | __YES __NO |
| Actual or attempted contact with all alleged VC's within 24 hrs? | __YES __NO |

### PRIORITY II: SEXUAL ABUSE

| | |
|---|---|
| Oral notification of law enforcement within 24 hrs? | __YES __NO |
| Written report sent to law enforcement within 5 calendar days? | __YES __NO |
| Actual or attempted contact with all alleged VC's within 10 calendar days? | __YES __NO |

### PRIORITY II

| | |
|---|---|
| Oral or written notification of law enforcement within 3 calendar days? | __YES __NO |
| Actual or attempted contact with all alleged VC's within 10 calendar days? | __YES __NO |

### PRIORITY III

COMMENTS: _____

_____

_____

_____

ALLEGATIONS

| TYPE | CHILD(REN) | ALLEGED PPR | DESCRIPTION OF ALLEGATIONS |
|---|---|---|---|
| | | | |

OTHER SIGNIFICANT INFORMATION

| |
|---|
| |

RECORD OF CONTACTS

| DATE | TYPE OF CONTACT | PRIMARY PERSONS CONTACTED | RELATIONSHIP TO CASE |
|---|---|---|---|
| | | | |

RECORD OF CONTACTS

| DATE | TYPE OF CONTACT | PRIMARY PERSONS CONTACTED | RELATIONSHIP TO CASE |
|---|---|---|---|
| | | | |

CHILD PROFILE: Name_____ Age_____ Role_____

Other children with same profile:_____

Child(ren) seen by worker? __Y __N :_____

___Child has no injuries, evaluation factors, or explanation of allegations.

PREVIOUS ABUSE/NEGLECT

PSYCHOLOGICAL/EMOT CONDITION *A

| | |
|---|---|
| Normal psych/emot condition | 01 |
| Diagnosed mentally retarded | 02 |
| Diagnosed psycholog problem | 03 |
| Ltd. intellectual ability | 04 |
| Anxious/fearful | 05 |
| Withdrawn/depressed | 06 |
| Hostile/aggressive | 07 |
| Suicide tendencies | 08 |
| Other | 09 |

BEHAVIOR PATTERN *B

| | |
|---|---|
| Normal behavior | 01 |
| Hyperactive | 02 |
| Substance abuse | 03 |
| Physically assaults others | 04 |
| Sexual acting-out | 05 |
| School problems | 06 |
| Delinquent behavior | 07 |
| Defiant/provoking behavior | 08 |
| Disturbed/unusual behavior | 09 |
| Other | 10 |

DEVELOPMENTAL CONDITION *C

| | |
|---|---|
| Normal development | 01 |
| Below normal weight/height | 02 |
| Delayed speech/motor | 03 |
| Delayed social development | 04 |
| Other | 05 |

PHYSICAL CONDITION/HISTORY *D

| | |
|---|---|
| Good physical condition | 01 |
| Premature/low birth-weight | 02 |
| Serious illness/injury | 03 |
| Disability | 04 |
| Poor hygiene | 05 |
| Failure to thrive | 06 |
| Malnutrition | 07 |
| Skin rash/disorder | 08 |
| Other | 09 |

PARENT-CHILD RELATIONSHIP *E

| | |
|---|---|
| Normal interaction | 01 |
| Bonding/attach. disruption | 02 |
| Role reversal | 03 |
| Lack of nurture/stimulation | 04 |
| Child afraid of parent | 05 |
| Child unwanted | 06 |
| Child scapegoated | 07 |
| Child perceived negatively | 08 |
| Other | 09 |

## CHILD INJURIES

___No injuries noted.

| TYPE | LOCATION: BUTT | TRSO | EXTR | HEAD | GNTL | DESCRIPTION OF INJURIES |
|---|---|---|---|---|---|---|
| BONE | | | | | | |
| BRAI | | | | | | |
| BRUI | | | | | | |
| BURN | | | | | | |
| CONC | | | | | | |
| DISL | | | | | | |
| DISM | | | | | | |
| EXPO | | | | | | |
| HEMA | | | | | | |
| HEMR | | | | | | |
| INTL | | | | | | |
| POIS | | | | | | |
| SCAL | | | | | | |
| SENS | | | | | | |
| SEXL | | | | | | |
| SKUL | | | | | | |
| SPRA | | | | | | |
| SUFF | | | | | | |
| WELT | | | | | | |
| WOUN | | | | | | |
| OTHR | | | | | | |

INJURIES OF MULTIPLE AGES? __YES __NO __UNK PICTURES TAKEN? __YES __NO

| ALEG | AFF | ASM | EXPLANATION OF ALLEGATIONS |
|---|---|---|---|
| ABAN | | | |
| ABUS | | | |
| EDUC | | | |
| EMOA | | | |
| EMON | | | |
| MEDI | | | |
| PHYS | | | |
| SEXL | | | |
| SUPE | | | |
| OTHR | | | |

DEG OF AFF: 1-Affirms 2-Partially affirms 3-Denies 4-No explanation
ASM OF EXP: 1-Consistent 2-Possible/unlikely 4-Inconsistent 5-Unknown

ADULT PROFILE: Name _____ Rel _____ Role _____

Other adults with
same profile: _____

___No evaluation factors noted.

| | |
|---|---|
| **ACCESS TO CHILD** | *F |
| Full-time | 01 |
| Part-time | 02 |
| Infrequent | 03 |
| None | 04 |
| **INDIVIDUAL CHARACTERISTICS** | *G |
| No problems noted | 01 |
| Psychological/emot. problems | 02 |
| Limited intellectual ability | 03 |
| Lack of impulse control | 04 |
| Low self-esteem | 05 |
| Suicide tendencies | 06 |
| Substance abuse | 07 |
| Problems with the law | 08 |
| History of physical assault | 09 |
| History of sexual assault | 10 |
| Other | 11 |
| **PARENTING FACTORS** | *H |
| Good parenting skills | 01 |
| Limited parenting skills | 02 |
| Unreal. expect. of children | 03 |
| Inappropriate discipline | 04 |
| Other | 05 |
| **RELATIONSHIP FACTORS** | *I |
| Healthy/supportive relat | 01 |
| Marital/paramour problems | 02 |
| Sexual dysfunction | 03 |
| Other | 04 |
| **STRESS FACTORS** | *J |
| Financial problems | 01 |
| Employment problems | 02 |
| Health problems/disability | 03 |
| Recent divorce/separation | 04 |
| Other | 05 |
| **VICTIMIZATION HISTORY** | *K |
| No victimization history | 01 |
| Abused/neglected as child | 02 |
| Sexually abused as child | 03 |
| Abused by spouse/paramour | 04 |
| Other | 05 |
| **SOCIAL ISOLATION** | *L |
| No isolation | 01 |
| Some isolation | 02 |
| Severe isolation | 03 |
| **REACTION TO WORKER** | *M |
| Cooperative | 01 |
| Uncooperative | 02 |
| Hostile/threatening | 03 |
| Other | 04 |
| **PAST ABUSE/NEGLECT OF CHILD** | |

All allegations explained to parent/caretaker? __YES __NO

| ALEG | AFF | ASM | EXPLANATION OF ALLEGATIONS |
|---|---|---|---|
| ABAN | | | |
| ABUS | | | |
| EDUC | | | |
| EMOA | | | |
| EMON | | | |
| MEDI | | | |
| PHYS | | | |
| SEXL | | | |
| SUPE | | | |
| OTHR | | | |

DEG OF AFF: 1-Affirms 2-Partially affirms 3-Denies 4-No explanation
ASM OF EXP: 1-Consistent 2-Possible/unlikely 3-Inconsistent 4-Unknown

ASSESSMENT OF HOME ENVIRONMENT

Home visit made? ___YES ___NO DATE:_____

Home environment adequate to protect child(ren)? ___YES ___NO

FINDINGS OF INVESTIGATION: Disposition of Allegations

| TYPE | CHILD(REN) | EXTENT UNF | EXTENT RTB | ALLEGED PPR(S) | REASONS FOR DISPOSITION / CAUSE OF ABUSE/NEGLECT |
|---|---|---|---|---|---|
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |

## ASSESSMENT OF RESOURCE AVAILABILITY

### FAMILY ABILITY TO PROTECT CHILD(REN):

_____: is/are able to protect child(ren) on own.
_____: will monitor situation to protect child(ren)
_____: will work with CPS to protect child(ren).
_____: is/are unable to protect child(ren).
_____: see(s) no need to protect child(ren).
_____: is/are unwilling to protect child(ren).
_____: Other:_____.

COMMENTS:_____

### COMMUNITY RESOURCES USED/NEEDED TO PROTECT CHILD(REN):

## CASE DECISION

RECOMMENDATION OF ACTION NEEDED TO PROTECT CHILD(REN)

____NONE: Close case ____OPEN: In-home services ____OPEN: Child removal

WORKER COMMENTS:_____

Date results of investigation explained to Parents/Caretakers:_____
Alleged victim(s):_____ Complainant:_____

WORKER SIGNATURE:_____ DATE:_____

SUPERVISOR REVIEW:

Supervisor ___APPROVES ___DOES NOT APPROVE worker recommendation.

SUPERVISOR COMMENTS:_____

SUPERVISOR SIGNATURE:_____ DATE:_____

## SUMMARY OF REFERRALS

| DATE OF REFERRAL: | | DATE CASE CLOSED: |
|---|---|---|
| REFERRAL TYPE | EXTENT OF CASEWORK | COMMENTS |
| __ABAN __MEDI | __Investigat. only | |
| __ABUS __PHYS | __In-home services | |
| __EDUC __SEXL | __Child removal | |
| __EMOA __SUPE | __Family moved | |
| __EMON __OTHR | __Other | |

| DATE OF REFERRAL: | | DATE CASE CLOSED: |
|---|---|---|
| REFERRAL TYPE | EXTENT OF CASEWORK | COMMENTS |
| __ABAN __MEDI | __Investigat. only | |
| __ABUS __PHYS | __In-home services | |
| __EDUC __SEXL | __Child removal | |
| __EMOA __SUPE | __Family moved | |
| __EMON __OTHR | __Other | |

| DATE OF REFERRAL: | | DATE CASE CLOSED: |
|---|---|---|
| REFERRAL TYPE | EXTENT OF CASEWORK | COMMENTS |
| __ABAN __MEDI | __Investigat. only | |
| __ABUS __PHYS | __In-home services | |
| __EDUC __SEXL | __Child removal | |
| __EMOA __SUPE | __Family moved | |
| __EMON __OTHR | __Other | |

| DATE OF REFERRAL: | | DATE CASE CLOSED: |
|---|---|---|
| REFERRAL TYPE | EXTENT OF CASEWORK | COMMENTS |
| __ABAN __MEDI | __Investigat. only | |
| __ABUS __PHYS | __In-home services | |
| __EDUC __SEXL | __Child removal | |
| __EMOA __SUPE | __Family moved | |
| __EMON __OTHR | __Other | |

| DATE OF REFERRAL: | | DATE CASE CLOSED: |
|---|---|---|
| REFERRAL TYPE | EXTENT OF CASEWORK | COMMENTS |
| __ABAN __MEDI | __Investigat. only | |
| __ABUS __PHYS | __In-home services | |
| __EDUC __SEXL | __Child removal | |
| __EMOA __SUPE | __Family moved | |
| __EMON __OTHR | __Other | |

APPENDIX B

TRAINING MATERIALS

# Case Investigation Decision Support System Workbook

## Training Manual

Revision No. 1

March 12, 1986

## SECTION A: ASSIGNMENT INFORMATION

This is to be filled out by the supervisor at the time of case assignment.

1. CASE NAME - Name of head of household

2. WORKER ASSIGNED - Name of worker assigned to case

3. DATE ASSIGNED - Date of assignment of case by supervisor.

## SECTION B: ACTION REQUIRED BY PRIORITY

Purpose of this section is to document required actions concerning notification of law enforcement and initiation of investigation.

1. Indicate the priority at time of assignment by entering a mark in the appropriate priority box.

2. Answer all questions related to the case priority.

3. If the answer to any question is "No", you may use the COMMENT lines at the bottom of the page to explain.

# CASE INVESTIGATION DECISION SUPPORT SYSTEM WORKBOOK

SECTION A: ASSIGNMENT INFORMATION

| CASE NAME: | WORKER ASSIGNED: | DATE ASSIGNED: |
|---|---|---|
| | | |

SECTION B: ACTION REQUIRED BY PRIORITY

PRIORITY I

| | |
|---|---|
| Oral notification of law enforcement within 24 hrs? | __YES __NO |
| Written report sent to law enforcement within 5 calendar days? | __YES __NO |
| Supervisor contacted for approval within 24 hrs? | __YES __NO |
| Actual or attempted contact with all alleged VC's within 24 hrs? | __YES __NO |

PRIORITY II: SEXUAL ABUSE

| | |
|---|---|
| Oral notification of law enforcement within 24 hrs? | __YES __NO |
| Written report sent to law enforcement within 5 calendar days? | __YES __NO |
| Actual or attempted contact with all alleged VC's within 10 calendar days? | __YES __NO |

PRIORITY II

| | |
|---|---|
| Oral or written notification of law enforcement within 3 calendar days? | __YES __NO |
| Actual or attempted contact with all alleged VC's within 10 calendar days? | __YES __NO |

PRIORITY III

COMMENTS: _____

| TYPE | CHILD(REN) | ALLEGED PER | DESCRIPTION OF ALLEGATIONS |
|---|---|---|---|
| | | | |

SECTION D: OTHER SIGNIFICANT INFORMATION

| |
|---|
| |

This page is to be filled out by the investigating worker prior to initiating the investigation in order to focus efforts upon the relevant issues to be addressed and actions to be performed.

SECTION C: ALLEGATIONS

The purpose of this section is to specify which allegations are to be investigated and who are the alleged victims and perpetrators for each allegation. It is to be filled out prior to the investigation.

1. Read the intake report and decide which types of abuse/neglect are alleged. Select one or more of the following types (See attached page for definitions):
   - ABAN - Abandonment
   - ABUS - Physical Abuse
   - EDUC - Educational Neglect
   - EMOA - Emotional Abuse
   - EMON - Emotional Neglect
   - MEDI - Medical Neglect
   - PHYS - Physical Neglect
   - SEXL - Sexual Abuse
   - SUPE - Lack of Supervision
   - OTHR - Other Abuse/Neglect

2. Enter the four-letter code for each type of abuse/neglect in the column labeled "TYPE". Enter the names of all alleged victims for each type of abuse/neglect identified. (The code for each type of abuse/neglect can be entered only once.)

3. In the column labeled "CHILD(REN)," enter the names of all alleged victims for each type of abuse/neglect identified.

4. In the column labeled "ALLEGED PPR," enter the names of all alleged perpetrators for each type of abuse/neglect. If perpetrator is not known, enter "UNK."

5. In the space labelled "DESCRIPTION OF ALLEGATIONS" describe the specifics of the allegation.

6. If a new referral is received on a family during the course of an investigation proceed as follows:

   a. If the referral refers to the same incident as the original referral, document the receipt of the new referral in the record of contacts. Do not fill out another ALLEGATION page.

   b. If the referral refers to a different incident from the first referral, fill out an ALLEGATION page for the new referral (including ACTION REQUIRED BY PRIORITY from page 1).

GUIDELINE: If the new referral requires a separate CANRIS report, it must have a separate ALLEGATION page.

SECTION D: OTHER SIGNIFICANT INFORMATION

Purpose is to document information important to the investigation which is not contained in the description of allegations. This information should be taken from the intake report prior to the investigation.

## SECTION E: RECORD OF CONTACTS

Purpose is to serve as a chronological record of all contacts made during the investigation and to document essential information gathered in each contact. Care should be taken not to duplicate information in this section that can be recorded in other sections of the form. Begin each narrative entry with a header line which contains the following information:

1. DATE - Date of contact.

2. TYPE OF CONTACT - Home Visit, Office Visit, Phone Call, Letter, Other Visit (define).

3. PRIMARY PERSONS CONTACTED - List the primary person or persons contacted.

4. RELATIONSHIP TO CASE - Using the CANRIS codes for "Source of Report," state the relationship to the case of each primary person contacted.

   SOURCE OF REPORT:

| | |
|---|---|
| ANO - Anonymous | NEI - Neighbor |
| CCF - Child Care Facility | NEW - New Media |
| DHR - DHR employee | OSA - Other Social Agency |
| DOC - Member of Medical profession | OTH - Other |
| FRN - Friend | PAR - Parent or parent substitute |
| FVS - Family Violence Shelter | REL - Relative |
| HOS - Hospital personnel | SCH - School personnel |
| LAW - Law enforcement | VIC - Alleged victim |

(Begin new paragraph)

In the space beneath the header line for each entry, enter pertinent information concerning each contact.

SECTION E: RECORD OF CONTACTS

| DATE | TYPE OF CONTACT | PRIMARY PERSONS CONTACTED | RELATIONSHIP TO CASE |
|---|---|---|---|
| | | | |

## PAGES 5 AND 6: CHILD PROFILE

Fill out one profile page for each child in the family. Two or more children may be documented on the same page if they have no evaluation elements, injuries, or explanations to be recorded or if the information in these sections is the same for all children.

### SECTION F: CHILD EVALUATION FACTORS

The purpose of this section is to document the physical, emotional, social, and psychological condition of the child. This information can be collected from any combination of a number of sources: direct observations, interviews with the child and/or family, collateral contacts, and reports from other professionals. You must exercise your best judgement about the reliability and validity of the information recorded in this section.

You should attempt not to duplicate information entered in this section in other sections of the form.

1. At the top of page 5 enter the name, age, and role of the child to be profiled. Below this enter the names of all other children having the same profile.

2. Indicate whether the child(ren) listed at the top of the page were seen by the worker by marking "Y" or "N" after the question: "CHILD(REN) SEEN BY WORKER?" If any child was not seen, explain in the space provided.

3. If there are no evaluation factors, injuries, or explanation of allegations to be recorded, enter a mark in the box indicating that and proceed to the next page.

4. If there are no evaluation factors noted but you do have injuries and/or explanation of allegations to document, enter the phrase "No evaluation factors noted" in the space provided for narrative and proceed to the next section.

5. If there are evaluation factors to be recorded, circle the two-digit number to the right of each factor found to be present.

6. For each evaluation factor marked, enter narrative to the right of it which further explains and/or substantiates your evaluation. It is important to indicate in your narrative comments the source of your information. For example, if you mark "Role reversal," is your finding based on your own direct observations, is it because of statements made by the mother or father, is it because of a psychological evaluation, etc?

CHILD PROFILE: Name_____ Age_____ Role_____

Other children with same profile:_____

Child(ren) seen by worker? __Y __N :_____

___Child has no injuries, evaluation factors, or explanation of allegations.

PREVIOUS ABUSE/NEGLECT

(SECTION F: CHILD EVALUATION FACTORS)

PSYCHOLOGICAL/EMOT CONDITION *A

Normal psych/emot condition 01
Diagnosed mentally retarded 02
Diagnosed psycholog problem 03
Ltd. intellectual ability 04
Anxious/fearful 05
Withdrawn/depressed 06
Hostile/aggressive 07
Suicide tendencies 08
Other 09

BEHAVIOR PATTERN *B

Normal behavior 01
Hyperactive 02
Substance abuse 03
Physically assaults others 04
Sexual acting-out 05
School problems 06
Delinquent behavior 07
Defiant/provoking behavior 08
Disturbed/unusual behavior 09
Other 10

DEVELOPMENTAL CONDITION *C

Normal development 01
Below normal weight/height 02
Delayed speech/motor 03
Delayed social development 04
Other 05

PHYSICAL CONDITION/HISTORY *D

Good physical condition 01
Premature/low birth-weight 02
Serious illness/injury 03
Disability 04
Poor hygiene 05
Failure to thrive 06
Malnutrition 07
Skin rash/disorder 08
Other 09

PARENT-CHILD RELATIONSHIP *E

Normal interaction 01
Bonding/attach. disruption 02
Role reversal 03
Lack of nurture/stimulation 04
Child afraid of parent 05
Child unwanted 06
Child scapegoated 07
Child perceived negatively 08
Other 09

___No injuries noted.

| TYPE | LOCATION: BUTT | TRSO | EXTR | HEAD | GNTL | DESCRIPTION OF INJURIES |
|---|---|---|---|---|---|---|
| BONE | | | | | | |
| BRAI | | | | | | |
| BRUI | | | | | | |
| BURN | | | | | | |
| CONC | | | | | | |
| DISL | | | | | | |
| DISM | | | | | | |
| EXPO | | | | | | |
| HEMA | | | | | | |
| HEMR | | | | | | |
| INTL | | | | | | |
| POIS | | | | | | |
| SCAL | | | | | | |
| SENS | | | | | | |
| SEXL | | | | | | |
| SKUL | | | | | | |
| SPRA | | | | | | |
| SUFF | | | | | | |
| WELT | | | | | | |
| WOUN | | | | | | |
| OTHR | | | | | | |

INJURIES OF MULTIPLE AGES? __YES __NO __UNK PICTURES TAKEN? __YES __NO

| ALEG | AFF | ASM | SECTION H: EXPLANATION OF ALLEGATIONS |
|---|---|---|---|
| ABAN | | | |
| ABUS | | | |
| EDUC | | | |
| EMOA | | | |
| EMON | | | |
| MEDI | | | |
| PHYS | | | |
| SEXL | | | |
| SUPE | | | |
| OTHR | | | |

DEG OF AFF: 1-Affirms 2-Partially affirms 3-Denies 4-No explanation
ASM OF EXP: 1-Consistent 2-Possible/unlikely 3-Inconsistent 4-Unknown

## SECTION G: CHILD INJURIES

Purpose of this section is to document current injuries to children and any previous injury of which there is visible evidence (such as scars, or medical confirmation such as x-rays). All injuries found on a child should be documented, regardless of the cause of the injury (i.e. abuse, neglect, accident, unknown).

1. If no injuries are found on a child, enter a mark by the statement "No injuries noted."

2. If an injury is present, circle the four-letter code corresponding to the injury in the column labeled "TYPE". Enter an "X" in the appropriate column(s) to indicate location of the injury. Describe the injury further in the space provided. (See Appendix B for definitions of injury types).

3. Answer the questions at the bottom of the section.

## SECTION H: EXPLANATION OF ALLEGATIONS

Purpose of this section is to record and to assess the child's explanation of allegations. It is primarily intended for alleged victims, but it can be used to document the explanation of any child in the family.

Where possible this information should not be duplicated in the "Record of Contacts" section.

1. Enter the child's explanation of the allegations.

2. In the column labeled "ALLEG" circle each type of abuse/neglect referred to in the child's explanation.

3. For each type of abuse/neglect circled, enter the codes for "Degree of Affirmation" and "Assessment of Explanation" in the columns labeled "AFF" and "ASM".

DEGREE OF AFFIRMATION is your assessment as to whether the child's explanation affirmed, partially affirmed, or denied that the particular type of abuse/neglect occurred.

1 - Affirms abuse/neglect
2 - Partially affirms abuse/neglect
3 - Denies abuse/neglect
4 - No explanation

ASSESSMENT OF EXPLANATION is your assessment of how much the child's explanation agrees or does not agree with other facts known to the worker. An explanation that is inconsistent with other known facts may be an indicator of risk, and/or it may signal you to do further investigation.

1 - Explanation consistent with other facts
2 - Explanation possible, but unlikely
3 - Explanation inconsistent with other facts
4 - Unknown

## PAGES 7 AND 8: ADULT PROFILE

Fill out one profile page for each adult caretaker in the home and for each alleged perpetrator. Two or more adults may be documented on the same page if the information in the sections on evaluation, explanation of allegations, and home environment is the same.

### SECTION I: ADULT EVALUATION FACTORS

The purpose of this section is to assess relevant psychological, emotional, and social factors concerning significant adults in the case. This information can be collected from any combination of a number of sources: direct observation, interviews with the adult and/or family members, collateral contacts, and reports from other professionals. You must exercise your best judgment about the reliability and validity of the information recorded in this section.

The worker should attempt not to duplicate information entered in this section in other sections of the form.

1. At the top of page 7 enter the name, relationship, and role of the adult to be profiled. On the line below this enter the names of all other adults having the same profile.

2. If there are no evaluation factors to be noted, enter an "X" next to the statement "No evaluation factors noted" and proceed to the next section.

3. If there are evaluation factors to be recorded, circle the two-digit number to the right of each factor found to be present.

4. For each evaluation item marked, enter narrative to the right of it which further explains and/or substantiates your evaluation. It is important to indicate in your narrative comments the source of your information.

ADULT PROFILE: Name _____ Rel _____ Role _____

Other adults with same profile: _____

___No evaluation factors noted:

(SECTION I: ADULT EVALUATION FACTORS)

**ACCESS TO CHILD** *F
- Full-time 01
- Part-time 02
- Infrequent 03
- None 04

**INDIVIDUAL CHARACTERISTICS** *G
- No problems noted 01
- Psychological/emot. problems 02
- Limited intellectual ability 03
- Lack of impulse control 04
- Low self-esteem 05
- Suicide tendencies 06
- Substance abuse 07
- Problems with the law 08
- History of physical assault 09
- History of sexual assault 10
- Other 11

**PARENTING FACTORS** *H
- Good parenting skills 01
- Limited parenting skills 02
- Unreal. expect. of children 03
- Inappropriate discipline 04
- Other 05

**RELATIONSHIP FACTORS** *I
- Healthy/supportive relat 01
- Marital/paramour problems 02
- Sexual dysfunction 03
- Other 04

**STRESS FACTORS** *J
- Financial problems 01
- Employment problems 02
- Health problems/disability 03
- Recent divorce/separation 04
- Other 05

**VICTIMIZATION HISTORY** *K
- No victimization history 01
- Abused/neglected as child 02
- Sexually abused as child 03
- Abused by spouse/paramour 04
- Other 05

**SOCIAL ISOLATION** *L
- No isolation 01
- Some isolation 02
- Severe isolation 03

**REACTION TO WORKER** *M
- Cooperative 01
- Uncooperative 02
- Hostile/threatening 03
- Other 04

**PAST ABUSE/NEGLECT OF CHILD** ☐

All allegations explained to parent/caretaker? __YES __NO

| ALEG | AFF | ASM | SECTION J: EXPLANATION OF ALLEGATIONS |
|---|---|---|---|
| ABAN | | | |
| ABUS | | | |
| EDUC | | | |
| EMOA | | | |
| EMON | | | |
| MEDI | | | |
| PHYS | | | |
| SEXL | | | |
| SUPE | | | |
| OTHR | | | |

DEG OF AFF: 1-Affirms 2-Partially affirms 3-Denies 4-No explanation
ASM OF EXP: 1-Consistent 2-Possible/unlikely 3-Inconsistent 4-Unknown

SECTION K: ASSESSMENT OF HOME ENVIRONMENT

Home visit made? ___YES ___NO DATE:_____

Home environment adequate to protect child(ren)? ___YES ___NO

## SECTION J: EXPLANATION OF ALLEGATIONS

The purpose of this section is to record and to assess the adult's explanation of allegations.

You should attempt not to duplicate information entered in this section in other sections of the form.

1. Enter the adult's explanation of the allegations.

2. In the column labeled "ALLEG" circle each type of abuse/neglect referred to in the adult's explanation.

3. For each type of abuse/neglect circled enter the codes for "Degree of Affirmation" and "Assessment of Explanation" in the columns labeled "AFF" and "ASM".

## SECTION K: ASSESSMENT OF HOME ENVIRONMENT

Purpose of this section is to document the condition of the home environment as it relates to the protection of the child(ren). It should be filled in once for each home environment assessed. Do not fill it in for each adult unless each adult lives in a separate home.

1. Indicate whether a home visit was made and enter the date of the first home visit.

2. Indicate whether the home environment is adequate to protect the child(ren).

3. In the space provided enter pertinent information concerning the home environment.

SECTION L: FINDINGS OF INVESTIGATION

Purpose of this section is to document your conclusions concerning the nature, extent, and cause of abuse/neglect in the case.

1. In the column labeled "TYPE" enter the four-letter code for each type of abuse/neglect alleged in the original referral and for each additional type found during the investigation.
   NOTE: Each type listed at the beginning of the investigation in the section "ALLEGATIONS" must be re-listed on this page. If a new type of abuse/neglect was alleged or found during the investigation, it must also be listed on this page.

2. For each type of abuse/neglect listed, in the column labeled "CHILD(REN)" you must list each child who was an alleged victim and each child for whom the type of abuse/neglect was found to be valid (Reason to Believe).

3. The column labeled "EXTENT" is to document your conclusion as to whether the abuse/neglect occurred and, if so, how severe it was. It must be filed in for each child listed on this page. Indicate the extent of abuse/neglect by circling the appropriate number. A rating of 1 or 2 should always correspond with a CAMRIS disposition of UNF. A rating of 3-5 should always be RTB or ADJ. In making your selection consider the following criteria.

   1-NO PROBLEM 2-NOT PRESENT 3-MINIMAL 4-MODERATE 5-SEVERE
   (Refer to Appendix C for more detailed guidelines.)

4. In the column "ALLEGED PERPETRATOR(S)," for each type of abuse/neglect in which you have entered an extent of 3 or greater enter the name of the person or persons responsible for the abuse/neglect. DO NOT fill in this column if the EXTENT ratings for all children are 1 or 2.

5. In the space provided, state the reasons which support your conclusion on EXTENT. If you entered an EXTENT rating of 3 or greater, state the cause of the abuse/neglect.

SECTION L: FINDINGS OF INVESTIGATION: Disposition of Allegations

| TYPE | CHILD(REN) | EXTENT UNF | EXTENT RTR | ALLEGED PPR(S) | REASONS FOR DISPOSITION / CAUSE OF ABUSE/NEGLECT |
|---|---|---|---|---|---|
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
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| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |

FAMILY ABILITY TO PROTECT CHILD(REN):

_____: is/are able to protect child(ren) on own.
_____: will monitor situation to protect child(ren)
_____: will work with CPS to protect child(ren).
_____: is/are unable to protect child(ren).
_____: see(s) no need to protect child(ren).
_____: is/are unwilling to protect child(ren).
_____: Other:_____.

COMMENTS:_____

SECTION N: COMMUNITY RESOURCES USED/NEEDED TO PROTECT CHILD(REN):

ASSESSMENT OF RESOURCE AVAILABILITY

SECTION M: FAMILY ABILITY TO PROTECT CHILD(REN)

Purpose of this section is to assess the family's ability to protect the child(ren) in cases in which a degree of risk has been determined (an extent rating of 2 or greater).

1. Enter the names of family members as appropriate in the blanks in front of the questions at the top of the page.

2. In the space provided for comments discuss steps the family has already taken to reduce the risk, steps they will take, and/or your assessment of their ability to protect the child(ren).

SECTION N: COMMUNITY RESOURCES

Purpose of this section is to document community resources used to meet family needs or resources needed for protection of the child.

## SECTION O: CASE DECISION

RECOMMENDATION OF ACTION NEEDED TO PROTECT CHILD(REN)

____NONE: Close case ____OPEN: In-home services ____OPEN: Child removal

WORKER COMMENTS:

Date results of investigation explained to Parents/Caretakers:

Alleged victim(s): Complainant:

WORKER SIGNATURE: DATE:

## SECTION P: SUPERVISOR REVIEW:

Supervisor ___APPROVES ___DOES NOT APPROVE worker recommendation.

SUPERVISOR COMMENTS:

SUPERVISOR SIGNATURE: DATE:

SECTION O: RECOMMENDATION OF ACTION NEEDED

1. Enter a mark by the action you recommend.

2. Use the comments section to give supporting reasons for your recommendation and/or to discuss other case aspects.

3. Document the dates you explained the results of the investigation to parents, victims, and complainant.

4. Sign and date.

SECTION P: SUPERVISOR REVIEW

This section is to be filled in by the supervisor after his/her review of the case. The supervisor indicates whether he/she approves of the worker's recommendation and makes comments, if desired, in the space provided. The supervisor signs and dates his/her case review.

SECTION O: SUMMARY OF REFERRALS

Purpose of this section is to keep a continuous record of all referrals received on each case. It should be filled out at the end of each investigation by the worker and filed on the left side of the case folder.

1. DATE OF REFERRAL - Enter date referral was made.

2. DATE CASE CLOSED - Enter date case was closed.

3. REFERRAL TYPE - Enter a check mark beside each type of abuse/neglect originally alleged or discovered during the investigation.

4. EXTENT OF CASEWORK - Enter a check mark beside the item which represents the type of casework that was provided on the case.

6. COMMENTS - Enter any information which you would want a "future" worker to know if another referral came in.

## SECTION Q: SUMMARY OF REFERRALS

| DATE OF REFERRAL: | | DATE CASE CLOSED: |
|---|---|---|
| REFERRAL TYPE | EXTENT OF CASEWORK | COMMENTS |
| __ABAN __MEDI | __Investigat. only | |
| __ABUS __PHYS | __In-home services | |
| __EDUC __SEXL | __Child removal | |
| __EMOA __SUPE | __Family moved | |
| __EMON __OTHR | __Other | |

| DATE OF REFERRAL: | | DATE CASE CLOSED: |
|---|---|---|
| REFERRAL TYPE | EXTENT OF CASEWORK | COMMENTS |
| __ABAN __MEDI | __Investigat. only | |
| __ABUS __PHYS | __In-home services | |
| __EDUC __SEXL | __Child removal | |
| __EMOA __SUPE | __Family moved | |
| __EMON __OTHR | __Other | |

| DATE OF REFERRAL: | | DATE CASE CLOSED: |
|---|---|---|
| REFERRAL TYPE | EXTENT OF CASEWORK | COMMENTS |
| __ABAN __MEDI | __Investigat. only | |
| __ABUS __PHYS | __In-home services | |
| __EDUC __SEXL | __Child removal | |
| __EMOA __SUPE | __Family moved | |
| __EMON __OTHR | __Other | |

| DATE OF REFERRAL: | | DATE CASE CLOSED: |
|---|---|---|
| REFERRAL TYPE | EXTENT OF CASEWORK | COMMENTS |
| __ABAN __MEDI | __Investigat. only | |
| __ABUS __PHYS | __In-home services | |
| __EDUC __SEXL | __Child removal | |
| __EMOA __SUPE | __Family moved | |
| __EMON __OTHR | __Other | |

| DATE OF REFERRAL: | | DATE CASE CLOSED: |
|---|---|---|
| REFERRAL TYPE | EXTENT OF CASEWORK | COMMENTS |
| __ABAN __MEDI | __Investigat. only | |
| __ABUS __PHYS | __In-home services | |
| __EDUC __SEXL | __Child removal | |
| __EMOA __SUPE | __Family moved | |
| __EMON __OTHR | __Other | |

## APPENDIX A:

### DEFINITIONS OF TYPES OF ABUSE

ABAN-Abandonment - Parent or parent substitute leaves child and has no apparent intention to return.

ABUSE-Physical Abuse - Non-accidental infliction or threat of infliction of physical injury by a person responsible for the child's health or welfare.

EDUC-Educational Neglect - Non-accidental deprivation of essential educational experiences required for growth and development by a person responsible for the child's health and welfare.

EMOA-Emotional Abuse - Non-accidental infliction or threat of infliction of emotional or mental damage by a person responsible for the child's health or welfare.

EMON-Emotional Neglect - Non-accidental deprivation of emotional requirements for life, growth and development, including the need for affection, approval, and basic acceptance, or threat of emotional neglect, by a person responsible for the child's health and welfare.

MEDI-Medical Neglect - Non-accidental in attention to the medical requirements for life, growth and development, or threat of lack of medical care by a person responsible for the child's health and welfare.

PHYS-Physical Neglect - Non-accidental deprivation of the physical requirements for life, growth and development or threat of physical neglect by a person responsible for the child's health and welfare.

SEXL-Sexual Abuse - Non-accidental, sexually-oriented act or practice that threatens or harms the child's physical, emotional, or social development or the threat of sexual abuse by a person responsible for the child's health and welfare.

SUPE-Lack of Supervision - Non-accidental lack of supervision, protection and monitoring of a child's behavior or threat of lack of supervision by a person responsible for the child's health or welfare.

OTHR-Other Abuse/Neglect -

## APPENDIX B

## DEFINITION OF INJURY TYPES

| CODE | TYPE | DEFINITION |
|---|---|---|
| BONE | Bone Fracture | Medical diagnosis. |
| BRAI | Brain Damage | Medical or psychiatric diagnosis. |
| BRUI | Bruises | Observable injuries. |
| BURN | Burns | Observable injuries. |
| CONC | Concussion | Medical diagnosis. |
| DISL | Dislocation | Bone structure medical diagnosis. |
| DISM | Dismemberment | Removal or loss of bodily limbs or parts. |
| EXPO | Exposure | Child forced to remain outside in extremely cold weather (result-frostbite or freezing) or extremely hot weather (result-severe sunburn or heat prostration). |
| HEMA | Hematoma, Subdural | Medical diagnosis. |
| HEMR | Hemorhagge, Subdural | Medical diagnosis. |
| INTL | Internal injuries | Medical diagnosis. |
| POIS | Poisoning | Deliberate act--includes drugs. |
| SCAL | Scalding | Deliberate act inflicted on child using any hot liquids, as differentiated from burns. |
| SENS | Sensory Damage | Any damage, permanent or temporary, to a child's sensory functioning (sight, hearing, smell, taste, touch). |
| SEXL | Sexual Abuse | Any sex act perpetrated on a child, as differentiated from prostitution and pornography. |
| SKUL | Skull Fracture | Medical diagnosis. |
| SPRA | Sprains | Medical diagnosis. |
| SUFF | Suffocation | Child deliberately deprived of oxygen (includes strangling, asphyxiation, and drowning). |
| WELT | Welts | Observable injuries--includes a ridge or lump raised on the body, usually by a blow. |
| WOUN | Wounds | Observable injuries--includes abrasions, lacerations, cuts, and punctures. |

## APPENDIX C:

## GUIDELINES FOR EXTENT OF ABUSE/NEGLECT

### ABAN - ABANDONMENT

1-NO PROBLEM: No abandonment

2-NOT PRESENT: Risk of abandonment but no current abandonment. Example: Parent threatens to kick child out of home but does not follow through with threat.

3-MINIMAL: Abandonment occurred, causing hazards. Example: Parent left child in the care of a relative and provided no support.

4-MODERATE: Abandonment occurred, causing moderate hazards. Example: Parent kicked teen-aged child out of home and refused to provide for child's support.

5-SEVERE: Abandonment occurred, causing severe hazards or injury. Example: Parent abandoned younger children without providing for supervision or support.

### ABUS - Physical Abuse

1-NO PROBLEM: No physical abuse.

2-NOT PRESENT: Risk of physical abuse but no current harm or threat. Example: Excessive discipline without bruising or injuries and without a history consistent with a pattern of abusive parenting.

3-MINIMAL: Localized injuries that may require medical attention to reduce complications, improve healing, or reduce pain but **do not require hospitalization** (injuries do not threaten life or result in permanent functional impairment or serious disfigurement, even in the absence of medical attention).

4-MODERATE: Injuries that require medical attention to reduce risks of complications, improve healing, or substantially reduce pain (injuries do not immediately endanger life but may cause functional impairment or serious disfigurement if untreated).

5-SEVERE: Injuries that require prompt medical attention or hospitalization (injuries endanger life, cause permanent functional impairment or death, or result in serious disfigurement).

EDUC - Educational Neglect

1-NO PROBLEM: No educational neglect.

2-NOT PRESENT: Risk of educational neglect because of inadequate school resources (supplies, lunch, transportation) or parental supervision to ensure school attendance, but functioning in school is minimally adequate.

3-MINIMAL: Lack of provision of school resources or supervision to ensure attendance causing inadequate school functioning, and the school has made all efforts within its sphere of responsibility to ensure attendance and adequate functioning.

4-MODERATE: Lack of adequate parental supervision or provision of supplies to ensure attendance causing school to consider the child truant, and the school has made all efforts within its sphere of responsibility to ensure attendance and adequate functioning.

5-SEVERE: Lack of school enrollment or frequent truancy because of parental neglect, and the school has made all efforts within its sphere of responsibility to obtain school enrollment.

EMOA - Emotional Abuse

1-NO PROBLEM: No emotional abuse.

2-NOT PRESENT: Lack of acceptance or affection, but no rejection or hostility. Example: Physical contact restricted to functional activities such as dressing and feeding.

3-MINIMAL: Infrequent but observable rejection or hostility. Example: Indiscriminate positive and negative behaviors displayed toward a child; persistent favoritism for another child in the family.

4-MODERATE: Frequent emotional rejection or hostility. Examples: Extreme limits set on type, time, and length of physical contact with child; persistent disapproval or belittlement of child.

5-SEVERE: Continual and intense infliction of emotional rejection, hostility, blame, accusation or guilt-producing behavior. Examples: Punishment of child's requests for affection; scapegoating; lack of all physical contact with a child.

EMON - Emotional Neglect

1-NO PROBLEM: No emotional neglect.

2-NOT PRESENT: Risk of emotional neglect because of lack of understanding or acknowledgement of emotional needs. Example: Affection and acceptance displayed in unusual or inappropriate ways or inappropriate expectations about normal emotional development.

3-MINIMAL: Lack of response to emotional needs that prevents normal psychological or emotional development. Examples: Infrequent display of affection, inconsistent limit-setting; minimal effort to correct behavior; discouragement or punishment of normal emotional expression.

4-MODERATE: Lack of response to emotional needs causing serious psychological or emotional harm. Examples: No display of affection; no limits set on behavior; no discipline; considerable deprivation of attention.

5-SEVERE: Lack of response to emotional needs causing severe psychological or emotional harm. Example: Complete deprivation of attention.

MEDI - Medical Neglect

1-NO PROBLEM: Appropriate medical care.

2-NOT PRESENT: Risk of medical neglect because of inattention to routine preventive health care such as immunizations or periodic dental, eye, or medical exams; or inadequate use of normal home remedies.

3-MINIMAL: Untreated, non-life-threatening illness, injury, or disability. Example: No medical treatment for an illness, injury or disability that would benefit from treatment.

4-MODERATE: Untreated, serious illness, injury or disability. Example: No medical treatment for serious physical or developmental disabilities, although they may not be curable.

5-SEVERE: Untreated, life-threatening illness or injury. Example: No medical treatment for a life-threatening illness, injury or other condition likely to result in permanent impairment or a serious threat to public health.

PHYS - Physical Neglect

1-NO PROBLEM: No physical neglect.

2-NOT PRESENT: Physical needs inconsistently met or chronically less than adequate in quality, causing risk of physical neglect. Examples: Meals minimally nutritious or provided irregularly; housing contains minimal health or safety conditions; less than adequate clothing causes minimal health risks but interferes with functioning at school or with peers; cleanliness is less than adequately supervised.

3-MINIMAL: Physical needs unmistakable or chronically inadequate in quality, causing health hazards. Examples: Inadequate nutrition results in moderate weight loss or illness; housing contains moderate health and safety hazards; inssufficient quality of clothing to protect from moderate illness because of exposure to the elements; inadequate cleanliness causes moderate physical or dental health problems.

4-MODERATE: Physical needs unmet or impair normal growth and development. Example: Inadequate nutrition or lack of cleanliness causes serious health problems such as chronic skin conditions leading to disfigurement, loss of permanent teeth, or functional disability; housing contains serious hazards to health and safety; inadequate clothing causes exposure to the elements resulting in serious health problems.

5-SEVERE: Physical needs unmet and endangering life. Examples: Starvation or unprotected exposure to extreme weather conditions such as freezing temperatures.

SEXL - Sexual Abuse

1-NO PROBLEM: No sexual abuse.

2-NOT PRESENT: No current sexual abuse or solicitation to perform sexually, but risk of abuse because of exposure to sexually-oriented or provocative comments.

3-MINIMAL: Exposure of genitals, overt masturbation, or any sexually-oriented act in front of the child; encouragement or pressure to perform sexually but no sexual contact between the abuser and child.

4-MODERATE: Exposure to touching, fondling of genitals or breasts or any other sexually-oriented act, but no intercourse.

5-SEVERE: Exposure to oral, anal, or genital intercourse or any other sex act involving physical contact between genitals of abuser and child.

SUPE - Lack of Supervision

1-NO PROBLEM: No lack of supervision.

2-NOT PRESENT: Risk of lack of supervision but no current inadequate supervision. Example: Caretaker inadequately monitoring a pre-school-age child playing in an unfenced yard.

3-MINIMAL: Lack of supervision causes hazards. Examples: Young school-age child left alone for extended periods of time, pre-school-age child left alone for short periods of time or with caretaker only minimallly able to care for child.

4-MODERATE: Lack of supervision causes serious hazards. Examples: Pre-school-age child left alone for extended periods of time, child of any age left alone in the presence of hazards from which the child cannot protect himself.

5-SEVERE: Lack of supervision causes severe hazards or injury. Examples: Child left alone in the presence of hazards that threaten physical or emotional health, or development.

OTHR - Other Abuse/Neglect

INVESTIGATION CASE IN USUAL DICTATION FORMAT

1.

Worker Taking Intake Report: FRITZ PERLS

Time Reported to CPS: 12:00 ☐ am ☑ pm

1. CANRIS Incident No.

2. S.O. Use Only

3.

Form 2350-A/1-85

Texas Department of Human Resources

CHILD PROTECTIVE SERVICES

CANRIS REPORT

SECTION I—WORKER INFORMATION

| 4. Worker Name—Last | First | 5. Emp. No. | 6. S.N | 7. Mon Code |
|---|---|---|---|---|
| PERLS | FRITZ | 9 1 0 2 | 1 1 1 2 2 2 3 3 | 9 8 7 6 |

SECTION II—INCIDENT REPORT

| 8. Date Occurred to Child | 9. Date Reported to CPS | 10. Date Invest. Completed | 11. Source | 12. PRIORITY a. As Intake | b. Actual |
|---|---|---|---|---|---|
| | 1 0 1 0 9 1 8 4 | 1 0 1 0 9 1 8 5 | N E I | 0 1 | 0 1 |

13. DISPOSITION

- 1—Substantiated
- ✓ 2—Reason To Believe
- 3—Unfounded
- 4—Family Moved

14. ANNUAL FAMILY INCOME

- ✓ 1—$0 to $6,500
- 2—$6,501 to $12,500
- 3—$12,501 to $17,500
- 4—$24,000 to $32,500
- 5—$32,500 or more
- 6—$18,500 to $23,500

TEMPORARY NO.: C

SECTION III—INDIVIDUAL INFORMATION

| 15. Line | 16. Name—Last | First | MI | 17. Date of Birth | 18. Mar. St. | 19. Sex | 20. Eth. | 21. Rel'ship | 22. Race | 23. SSMS |
|---|---|---|---|---|---|---|---|---|---|---|
| 0 1 | GREEN | KAREN | | 0 5 0 6 5 3 | M A | F | A | A N O | A P | O P |

| 24. Street Address | 25. City | 26. St. | 27. ZIP | 28. Co. | 29. Characteristics |
|---|---|---|---|---|---|
| 1 2 3 4 QUIXL ST. | NEW YORK | TX | 6 6 6 6 6 | 0 1 0 | N 0 1 |

| 30. DHR Client No. | 31. Social Security No. | 32. Type of Abuse/Neglect | 33. Fosc | 34. Leg. Act. | 35. Prev. Inc. No. | 36. Lang |
|---|---|---|---|---|---|---|
| | | | | | | |

| 37. Home Telephone No. | 38. Work/School Telephone | 39. Work/School Address |
|---|---|---|
| | | |

| 15. Line | 16. Name—Last | First | MI | 17. Date of Birth | 18. Mar. St. | 19. Sex | 20. Eth. | 21. Rel'ship | 22. Race | 23. SSMS |
|---|---|---|---|---|---|---|---|---|---|---|
| 0 2 | GREEN | RUSSELL | | 0 5 2 2 5 8 | M A | M | A | F A | A P | O P |

| 24. Street Address | 25. City | 26. St. | 27. ZIP | 28. Co. | 29. Characteristics |
|---|---|---|---|---|---|
| " | " | " | " | 0 1 0 | N 0 1 |

| 30. DHR Client No. | 31. Social Security No. | 32. Type of Abuse/Neglect | 33. Fosc | 34. Leg. Act. | 35. Prev. Inc. No. | 36. Lang |
|---|---|---|---|---|---|---|
| | | | | | | |

| 37. Home Telephone No. | 38. Work/School Telephone | 39. Work/School Address |
|---|---|---|
| | | |

| 15. Line | 16. Name—Last | First | MI | 17. Date of Birth | 18. Mar. St. | 19. Sex | 20. Eth. | 21. Rel'ship | 22. Race | 23. SSMS |
|---|---|---|---|---|---|---|---|---|---|---|
| 0 3 | GREEN | IAN | | 1 0 1 7 8 0 | N A | M | A | O V | V C | O P |

| 24. Street Address | 25. City | 26. St. | 27. ZIP | 28. Co. | 29. Characteristics |
|---|---|---|---|---|---|
| " | " | " | " | " | N 0 |

| 30. DHR Client No. | 31. Social Security No. | 32. Type of Abuse/Neglect | 33. Fosc | 34. Leg. Act. | 35. Prev. Inc. No. | 36. Lang |
|---|---|---|---|---|---|---|
| | | | | | | |

| 37. Home Telephone No. | 38. Work/School Telephone | 39. Work/School Address |
|---|---|---|
| | | |

| 15. Line | 16. Name—Last | First | MI | 17. Date of Birth | 18. Mar. St. | 19. Sex | 20. Eth. | 21. Rel'ship | 22. Race | 23. SSMS |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |

| 24. Street Address | 25. City | 26. St. | 27. ZIP | 28. Co. | 29. Characteristics |
|---|---|---|---|---|---|
| | | | | | |

| 30. DHR Client No. | 31. Social Security No. | 32. Type of Abuse/Neglect | 33. Fosc | 34. Leg. Act. | 35. Prev. Inc. No. | 36. Lang |
|---|---|---|---|---|---|---|
| | | | | | | |

| 37. Home Telephone No. | 38. Work/School Telephone | 39. Work/School Address |
|---|---|---|
| | | |

| 15. Line | 16. Name—Last | First | MI | 17. Date of Birth | 18. Mar. St. | 19. Sex | 20. Eth. | 21. Rel'ship | 22. Race | 23. SSMS |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |

| 24. Street Address | 25. City | 26. St. | 27. ZIP | 28. Co. | 29. Characteristics |
|---|---|---|---|---|---|
| | | | | | |

| 30. DHR Client No. | 31. Social Security No. | 32. Type of Abuse/Neglect | 33. Fosc | 34. Leg. Act. | 35. Prev. Inc. No. | 36. Lang |
|---|---|---|---|---|---|---|
| | | | | | | |

| 37. Home Telephone No. | 38. Work/School Telephone | 39. Work/School Address |
|---|---|---|
| | | |

Page _____ of _____ pages

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## INTAKE INVESTIGATION

Date Investigation Initiated: 10/09/85

I. INVESTIGATION:

A. Worker or Other Managing Conservator Responsible Between Agency and Child:

Fritz Perls

B. Nature, Effects, and Probable Cause of Abuse/Neglect and Person(s) Responsible:

Complainant called to report that victim has possibly been abused by Karen and Russell Green. Complainant reported that victim has bruises on his left shoulder and arm and a bruise on his right temple. Victim also has a large bruise across his lower back. Complainant reported that victim was also scratched by a cat about a month ago, the sores are badly infected, and the parents have refused to get him any medical treatment. Complainant reported that the wounds have a very foul odor from the apparent infection. Complainant also reported that the victim is frequently beaten by his parents and for punishment his head is shaved. Complainant reported that the victim appears to be developmentally delayed.

C. Legal Status:

Custody remains with parents.

D. Nature of Crisis - Investigation:

In contact with the Green family, I found no visible marks or bruises on Ian. He was, however, poorly groomed, inappropriately dressed, and did appear to be developmentally delayed. Karen Green admitted that Ian has been physically abused and has from time to time had bruises on him. She stated that his father slapped him, and she has spanked him with a belt. Karen Green said she was glad someone came to help before she hurts him. She said that Ian's behavior gets out of hand at times, and she just sits down and screams and cries. Karen Green reported that there was a lot of family problems going on. She informed me that Ian had witnessed numerous physical fights between her and her husband, and he is frightened by them. She reported that Ian had recently started wetting and defecating in his clothing. She described Ian as being spoiled and said that he screams and yells and throws a tantrum when he doesn't get his way. I noticed that Ian also has extremely decayed and crumbling teeth, along with the fact that his right eye is crossed. Mrs. Green stated that she

had made an appointment last year with the Eye Clinic at Children's Hospital, but was not able to keep the appointment and had not followed up since. She stated that they did not have money to get dental care for him. She also reported that she had made an appointment with Family Counseling in New York, but did not follow up. Mrs. Green was extremely verbal and appeared very receptive to our intervention. She said that she has from time to time had thoughts of suicide and just felt like she could no longer take her situation as it was. She backed that up by saying she wouldn't really commit suicide but things do get out of hand. I talked with Mrs. Green about possible resources for Ian's medical needs, for counseling, and financial problems. Ian does appear to be developmentally delayed and is small for his age. He does not, however, show any obvious signs of malnutrition. A physical would be appropriate. Ian denied that his parents beat him or that they have ever shaved his head.

Mrs. Green gave me further information about family dynamics and let me look at her apartment. I did not get to talk with Russell Green during this visit, but asked Mrs. Green to inform him that I would return to speak with him. I explained to Mrs. Green the procedures of my investigation and told her I would get back with her concerning the disposition and my plans for the case after completing the investigation.

This worker contacted Jean Snow, who is a neighbor and friend. Mrs. Snow informed me that there is a lot of fighting in the Green home. The walls of the apartment are extremely thin, and she said they are continuously hearing arguments between Mr. Green and Mrs. Green. Mrs. Snow stated that she has not seen bruises on Ian nor has she witnessed him being abused. She did, however, hear things through the wall that made her concerned about Ian's safety. She has heard Mrs. Green continuously yell at Ian at the top of her voice. Mrs. Snow was of the opinion that this family was in great need of help.

This worker contacted Lydia Brown the victim's maternal great aunt. Mrs. Brown babysits Ian from time to time. She verified that Ian has occasionally had bruises on him and feels that he has been abused by his father. Mrs. Brown said that Karen Green's temper is short, but she normally does a lot of yelling rather than physical disciplining. Mrs. Brown reported that she feels the Green family is in need of outside intervention. She has agreed to inform me of any further episodes of abuse or problems that I need to be aware of.

This worker later contacted Russell Green. Mr. Green admitted that Ian is almost more than he can handle but denies ever having abused him in any way. In the same conversation, Mrs. Green said in front of Mr. Green that Mr. Green had slapped Ian the night before my visit. Mr. Green acknowledged family violence and the need for improvement in their family situation. He acknowledged the fact that Ian was experiencing emotional turmoil in the family situation as it is. I informed the Green's of my intent to open a case to provide support services. They agreed to cooperate and a case plan was developed.

II. EVALUATION:

1. Was Referral Validated?

Yes. No bruises were found on Ian Green at the time of my investigation. Mrs. Green, however, admits to the "occasional abuse of Ian by her and her husband." Ian is in need of medical assistance for his eye and teeth.

There was no scratch on Ian from a dog visible to my eyes. Ian does appear developmentally delayed and is in need of being evaluated. There was no evidence of his head having been shaved. Ian and his parents denied it ever had been.

2. Family Dynamics:

Mrs. Green reported that Mr. Green had made the statement, "I love my son but he doesn't seem to feel the same." Mr. Green went on to say that Ian has told him that he hates him and wants him to get out but feels he is simply copying what he has heard his mother say. Mr. Green stated that Mrs. Green will not discipline Ian so it is all left up to him, and when Ian doesn't mind him, it makes him very nervous and uptight. Mr. Green stated that Ian does not seem to have any respect for anything or anybody. Mr. and Mrs. Green both make accusations toward one another concerning extra marital relationships, but they both deny having had any. Mrs. Green reports that Mr. Green has in the past drunk a great deal. Mr. Green informed me that he feels his expectations of Ian are too high. He said that he expects Ian not be so curious and only have to be told once. He expects Ian to have consideration for others. Mrs. Green said that her only expectation of Ian is for him to grow up knowing that she loves him and not go through what she went through in her childhood. Mrs. Green was raised by her grandparents until she was 14, and she grew up thinking her mother was her sister. At 14, she learned differently and lived with her mother and stepfather until age 16. Mrs. Green spent some time in a Juvenile Correction Center. She reported that she was brought up in a very strict atmosphere and was beaten by her grandparents for everything. She reported

that she was in Hope Children's Home for one year when she was 7 because her grandparents considered her retarded. Mr. Green was born the oldest of two boys. His father left at a very early age, and he was left responsible a big part of the time for raising his younger brother. He reported that he was disciplined with a belt by his mother, but didn't consider it severe and he has no recollection of ever being abused. Mr. Green has only had three contacts with his father in 15 years and two contacts with his mother in 10 years. He has broken all ties to his external family. Both Mr. and Mrs. Green have criminal records. Mrs. Green is presently on probation for forgery and hot checks. Mr. Green has in the past been arrested for theft of a car and possession of stolen properties. They are both at presently unemployed but looking for a job.

3. Are Protective Services Needed at This Time?

Yes, Protective Services are needed at this time. This is a multi-problem family, and I feel tht it is an explosive situation. Although I found no evidence of bruising on Ian, I do have indications that he has been abused physically and emotionally, as well as being a victim of medical neglect. I feel that a Protective Services ongoing case needs to be open to provide support services to this family.

4. Adequacy of the Home Environment:

The physical environment of the home is minimally adequate. They live in an extremely small, two bedroom apartment, with an efficiency floor plan. The apartment was so cluttered it was difficult to walk in it, or find a place to sit. Ian's bedroom was extremely dirty as were the sheets on his bed. The apartment did appear to have adequate heating and cooling. The Green's have rented this apartment now for three years and are paying $75.00 a week. They have a desire to find more appropriate housing, but have not been able to afford it. Mrs. Green appears to have minimal coping skills and can offer some protection for Ian in his home environment.

5. Complainant Feedback:

Phone contact was made with the complainant on 10/19/85 to inform her of the disposition. She was pleased that a case would be open and agreed to keep us informed in the future of anything that we may need to know.

6. Referrals Made to Community Resources:

Food Stamps, New york Housing Authority, Parenting Guidance Center, Children's Hospital Eye Clinic, and New York Family Dental Center, and Dr. Sigmund Freud for psychologicals.

7. Case Disposition Interpreted to Parents on 10/14/85 and to Child(ren) on 10/14/85.

8. Comments, Recommendations by Worker:

This worker recommends that this case be open for ongoing services. It is a multi-problem family and appears to be an explosive situation. There are no grounds for removal at this time, but I do feel this family is in great need of intervention.

Fritz Perls
CPS Specialist II

FP:cm

SAME INVESTIGATION CASE IN CIDSS FORMAT

Form 2263-A/1-85

Texas Department of Human Resources

CHILD PROTECTIVE SERVICES
CANRIS REPORT

1

| Worker Taking Intake Report | Time Reported to DHR |
|---|---|
| FRITZ PERLS | 12:00 ☐ am ☑ pm |

| 1. CANRIS Incident No. | 2. S.O. Use Only | 2. |
|---|---|---|
| | | |

## SECTION I—WORKER INFORMATION

| 4. Worker Name—Last | First | 5. Emp. No. | 6. Bldg. | 7. Mail Code |
|---|---|---|---|---|
| PERLS | FRITZ | 0102 | 11122233 | 9876 |

## SECTION II—INCIDENT REPORT

| 8. Date Occurred to Child | 9. Date Reported to DHR | 10. Date Invest. Completed | 11. Source | 12. PRIORITY a. At Intake | b. Actual |
|---|---|---|---|---|---|
| | 1.0.0.9.1.8.4 | 1.0.0.9.1.8.5 | NE1 | 0 1 | 0 1 |

13. DISPOSITION
- [ ] 1—Adjudicated
- [x] 2—Reason to Believe
- [ ] 3—Unfounded
- [ ] 4—Family Marred

14. ANNUAL FAMILY INCOME
- [x] 1—$0 to $5,000
- [ ] 2—$5,000 to $17,000
- [ ] 3—$18,000 to $33,000
- [ ] 4—$34,000 to $52,000
- [ ] 5—$53,000 or more

TEMPORARY NO.: C

## SECTION III—INDIVIDUAL INFORMATION

| 15. Line | 16. Name—Last | First | MI | 17. Date of Birth | 18. Mar. St. | 19. Sex | 20. Eth. | 21. Ref'ship | 22. Role | 23. SSMS |
|---|---|---|---|---|---|---|---|---|---|---|
| 0.1 | GREEN | KAREN | | 050653 | MA | F | A | AMO | AP | O.P |

| 24. Street Address | 25. City | 26. St. | 27. ZIP | 28. Co. | 29. Characteristics |
|---|---|---|---|---|---|
| 1234 QUIXL ST. | NEW YORK | TX | 66666 | 010 | NO |

| 30. DHR Client No. | 31. Social Security No. | 32. Type of Abuse/Neglect | 33. Fatal | 34. Leg. Act. | 35. Prev. Inc. No. | 36. Line |
|---|---|---|---|---|---|---|
| | | | | | | |

| 37. Home Telephone No. | 38. Work/School Telephone | 39. Work/School Address |
|---|---|---|
| | | |

| 15. Line | 16. Name—Last | First | MI | 17. Date of Birth | 18. Mar. St. | 19. Sex | 20. Eth. | 21. Ref'ship | 22. Role | 23. SSMS |
|---|---|---|---|---|---|---|---|---|---|---|
| 0.2 | GREEN | RUSSELL | | 052258 | MA | M | A | FA | AP | O.P |

| 24. Street Address | 25. City | 26. St. | 27. ZIP | 28. Co. | 29. Characteristics |
|---|---|---|---|---|---|
| " | " | " | " | 010 | NO |

| 30. DHR Client No. | 31. Social Security No. | 32. Type of Abuse/Neglect | 33. Fatal | 34. Leg. Act. | 35. Prev. Inc. No. | 36. Line |
|---|---|---|---|---|---|---|
| | | | | | | |

| 37. Home Telephone No. | 38. Work/School Telephone | 39. Work/School Address |
|---|---|---|
| | | |

| 15. Line | 16. Name—Last | First | MI | 17. Date of Birth | 18. Mar. St. | 19. Sex | 20. Eth. | 21. Ref'ship | 22. Role | 23. SSMS |
|---|---|---|---|---|---|---|---|---|---|---|
| 0.3 | GREEN | IAN | | 017180 | N.A | M | A | OV | VC | O.P |

| 24. Street Address | 25. City | 26. St. | 27. ZIP | 28. Co. | 29. Characteristics |
|---|---|---|---|---|---|
| " | " | " | " | " | NO |

| 30. DHR Client No. | 31. Social Security No. | 32. Type of Abuse/Neglect | 33. Fatal | 34. Leg. Act. | 35. Prev. Inc. No. | 36. Line |
|---|---|---|---|---|---|---|
| | | | | | | |

| 37. Home Telephone No. | 38. Work/School Telephone | 39. Work/School Address |
|---|---|---|
| | | |

| 15. Line | 16. Name—Last | First | MI | 17. Date of Birth | 18. Mar. St. | 19. Sex | 20. Eth. | 21. Ref'ship | 22. Role | 23. SSMS |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |

| 24. Street Address | 25. City | 26. St. | 27. ZIP | 28. Co. | 29. Characteristics |
|---|---|---|---|---|---|
| | | | | | |

| 30. DHR Client No. | 31. Social Security No. | 32. Type of Abuse/Neglect | 33. Fatal | 34. Leg. Act. | 35. Prev. Inc. No. | 36. Line |
|---|---|---|---|---|---|---|
| | | | | | | |

| 37. Home Telephone No. | 38. Work/School Telephone | 39. Work/School Address |
|---|---|---|
| | | |

| 15. Line | 16. Name—Last | First | MI | 17. Date of Birth | 18. Mar. St. | 19. Sex | 20. Eth. | 21. Ref'ship | 22. Role | 23. SSMS |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |

| 24. Street Address | 25. City | 26. St. | 27. ZIP | 28. Co. | 29. Characteristics |
|---|---|---|---|---|---|
| | | | | | |

| 30. DHR Client No. | 31. Social Security No. | 32. Type of Abuse/Neglect | 33. Fatal | 34. Leg. Act. | 35. Prev. Inc. No. | 36. Line |
|---|---|---|---|---|---|---|
| | | | | | | |

| 37. Home Telephone No. | 38. Work/School Telephone | 39. Work/School Address |
|---|---|---|
| | | |

Page _____ of _____ pages

# CASE INVESTIGATION DECISION SUPPORT SYSTEM WORKBOOK

| CASE NAME: | WORKER ASSIGNED: | DATE ASSIGNED: |
|---|---|---|
| Karen Green | Fritz Perls | 10/9/85 |

ACTION REQUIRED BY PRIORITY

X PRIORITY I

| | |
|---|---|
| Oral notification of law enforcement within 24 hrs? | X YES __ |
| Written report sent to law enforcement within 5 calendar days? | X YES __ |
| Supervisor contacted for approval within 24 hrs? | X YES __ |
| Actual or attempted contact with all alleged VC's within 24 hrs? | X YES __ |

__ PRIORITY II: SEXUAL ABUSE

| | |
|---|---|
| Oral notification of law enforcement within 24 hrs? | __ YES __ |
| Written report sent to law enforcement within 5 calendar days? | __ YES __ |
| Actual or attempted contact with all alleged VC's within 10 calendar days? | __ YES __ |

__ PRIORITY II

| | |
|---|---|
| Oral or written notification of law enforcement within 3 calendar days? | __ YES __ |
| Actual or attempted contact with all alleged VC's within 10 calendar days? | __ YES __ |

__ PRIORITY III

COMMENTS: _____

| | | | |
|---|---|---|---|
| ABUS | Ian | Karen and Russell Green | Child has bruises on left shoulder and arm and a bruise on his right temple. Also has a large bruise across his lower back. He is frequently beaten by his parents. |
| EMCA | Ian | (SAME) | Parents shave child's head for punishment. |
| MEDI | Ian | (SAME) | Child was scratched by a cat about a month ago, and the sores are badly infected. The parents have refused to get any medical treatment. The wounds have a very foul odor from the apparent infection. |

OTHER SIGNIFICANT INFORMATION

Ian appears to be developmentally delayed.

RECORD OF CONTACTS

| DATE | TYPE OF CONTACT PRIMARY PERSONS CONTACTED RELATIONSHIP TO CASE |
|---|---|
| 10/9/85 | HOME VISIT to KAREN GREEN (PAR) and IAN GREEN (VIC) |
| | Discussed allegations and observed Ian. |
| 10/9/85 | PHONE CALL to JEAN SNOW (NEI) |
| | She said that there is a lot of fighting going on in the Green home. The walls of the apartment are extremely thin, and they are continuously hearing arguments between the Greens. Mrs. Snow stated she has not seen bruises on Ian, nor has she witnessed his being abused. She did, however, hear things through the wall that made her concerned about Ian's safety. She has heard Mrs. Green continuously yell at Ian at the top of her voice. Mrs. Snow was of the opinion that this family is in great need of help. |
| 10/9/85 | PHONE CALL to LYDIA BROWN (REL) |
| | Mrs. Brown babysits Ian from time to time. She verified that Ian has occasionally had bruises on him and feels that he has been abused by his father. Mrs. Brown said that Karen Green's temper is short, but she normally does a lot of yelling rather than physical disciplining. Mrs. Brown reported that she feels the Green family is in need of outside intervention. She has agreed to inform me of any future episodes of abuse or problems that I need to be aware of. |
| 10/9/85 | HOME VISIT to MR. and MRS. GREEN (PAR) |
| | Discussed allegations with father, with mother persent. I informed the Greens of my intention to open a case to provide support services. They agreed to cooperate. |

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CHILD PROFILE: Name Ian Green Age 4 Role OV

Other children with same profile:

Child(ren) seen by worker? X Y __N : 10/9/85

__Child has no injuries, evaluation factors, or explanation of allegations.

PREVIOUS ABUSE/NEGLECT X

No. admitted past abuse of Ian by her and Fa

PSYCHOLOGICAL/EMOT CONDITION *A

Normal psych/emot condition 01
Diagnosed mentally retarded 02
Diagnosed psycholog problem 03
Ltd. intellectual ability 04
Anxious/fearful 05
Withdrawn/depressed 06
Hostile/aggressive 07
Suicide tendencies 08
Other 09

MO stated that Ian is frightened by parents' physical fighting. FA said that Ian is experiencing emotional turmoil in the family situation as it is.
FA said that Ian has told him he hates him and wants him to get out.
MO stated that Ian has recently started wetting and defecating in his clothes.

BEHAVIOR PATTERN *B

Normal behavior 01
Hyperactive 02
Substance abuse 03
Physically assaults others 04
Sexual acting-out 05
School problems 06
Delinquent behavior 07
Defiant/provoking behavior 08
Disturbed/unusual behavior 09
Other 10

MO reported that Ian does not "mind" his parents. Gets out of control. Screams and yells and throws tantrums when he doesn't get his way.

DEVELOPMENTAL CONDITION *C

Normal development 01
Below normal weight/height 02
Delayed speech/motor 03
Delayed social development 04
Other 05

Appears to me to be developmentally delayed and is small for his age. Needs to be evaluated.

PHYSICAL CONDITION/HISTORY *D

Good physical condition 01
Premature/low birth-weight 02
Serious illness/injury 03
Disability 04
Poor hygiene 05
Failure to thrive 06
Malnutrition 07
Skin rash/disorder 08
Other 09

I observed extremely decayed and crumbling teeth. Right eye is crossed.
Poorly groomed and inappropriately dressed when I saw him.

PARENT-CHILD RELATIONSHIP *E

Normal interaction 01
Bonding/attach. disruption 02
Role reversal 03
Lack of nurture/stimulation 04
Child afraid of parent 05
Child unwanted 06
Child scapegoated 07
Child perceived negatively 08
Other 09

Parents see Ian as uncontrollable, spoiled, feels he has no respect for anything or anybody. There is a severe relationship problem between Ian and both parents.

## CHILD INJURIES

X No injuries noted.

| TYPE | LOCATION: BUTT | TRSO | LAIR | HEAD | GNTL | DESCRIPTION OF INJURIES |
|---|---|---|---|---|---|---|
| BONE | | | | | | |
| BRAI | | | | | | |
| BRUI | | | | | | |
| BURN | | | | | | |
| CONC | | | | | | |
| DISL | | | | | | |
| DISM | | | | | | |
| EXPO | | | | | | |
| HEMA | | | | | | |
| HEMR | | | | | | |
| INTL | | | | | | |
| POIS | | | | | | |
| SCAL | | | | | | |
| SENS | | | | | | |
| SEXL | | | | | | |
| SKUL | | | | | | |
| SPRA | | | | | | |
| SUFF | | | | | | |
| WELT | | | | | | |
| WOUN | | | | | | |
| OTHR | | | | | | |

INJURIES OF MULTIPLE AGES? __YES __NO __UNK PICTURES TAKEN? __YES __NO

| ALEG | AFF | ASM | EXPLANATION OF ALLEGATIONS |
|---|---|---|---|
| ABAN | | | |
| ABUS | 3 | 3 | Ian denied that his parents beat him or that they have ever shaved his head. |
| EDUC | | | |
| EMOA | 3 | 1 | |
| EMON | | | |
| MEDI | | | |
| PHYS | | | |
| SEXL | | | |
| SUPE | | | |
| OTHR | | | |

DEG OF AFF: 1-Affirms 2-Partially affirms 3-Denies 4-No explanation
ASM OF EXP: 1-Consistent 2-Possible/unlikely 4-Inconsistent 5-Unknown

ADULT PROFILE: Name KAREN GREEN Rel MO Role AP

Other adults with same profile:

No evaluation factors noted.

**ACCESS TO CHILD** *F
- Full-time 01
- Part-time 02
- Infrequent 03
- None 04

**INDIVIDUAL CHARACTERISTICS** *G
- No problems noted 01
- Psychological/emot. problems 02
- Limited intellectual ability 03
- Lack of impulse control 04
- Low self-esteem 05
- Suicide tendencies 06
- Substance abuse 07
- Problems with the law 08
- History of physical assault 09
- History of sexual assault 10
- Other 11

MO said she has had thoughts of suicide and has felt like she could no longer take the situation as it is. Said she wouldn't commit suicide.

MO is currently on probation for forgery and hot checks.

**PARENTING FACTORS** *H
- Good parenting skills 01
- Limited parenting skills 02
- Unreal. expect. of children 03
- Inappropriate discipline 04
- Other 05

MO admitted to physical and verbal abuse of child. She is afraid she might hurt him.

Physical abuse.

**RELATIONSHIP FACTORS** *I
- Healthy/supportive relat 01
- Marital/paramour problems 02
- Sexual dysfunction 03
- Other 04

MO reports there are a lot of family problems going on. She and husband have had numerous physical fights.

**STRESS FACTORS** *J
- Financial problems 01
- Employment problems 02
- Health problems/disability 03
- Recent divorce/separation 04
- Other 05

Unemployed and looking for a job.

**VICTIMIZATION HISTORY** *K
- No victimization history 01
- Abused/neglected as child 02
- Sexually abused as child 03
- Abused by spouse/paramour 04
- Other 05

MO stated she lived with grandparents until age 14 and with her mother until age 16. GP's were very strict and beat her for everything. Placed in HOPE Children's Home for one yr. at age 7 because GP's thought her retarded. Spent some time in a juvenile correction center.

**SOCIAL ISOLATION** *L
- No isolation 01
- Some isolation 02
- Severe isolation 03

**REACTION TO WORKER** *M
- Cooperative 01
- Uncooperative 02
- Hostile/threatening 03
- Other 04

MO was extremely cooperative. Eager to discuss problems. Extremely verbal and appear very receptive to our intervention.

**PAST ABUSE/NEGLECT OF CHILD** *N

MO admitted that Ian has been abused by her and FA. FA slapped Ian, and she has spanke

All allegations explained to parent/caretaker? X YES __NO

| ALLEG | AFF | ASM | EXPLANATION OF ALLEGATIONS |
|---|---|---|---|
| ABAN | | | |
| (ABUS) | 1 | 1 | Admitted that she and husband have physically abused Ian, leaving bruises at times. She said she was glad someone came out to help her before she hurt Ian. She said Ian's behavior gets out of hand sometimes, and she just sits down and screams and cries. She said Ian has witnessed numerous fights between her and her husband, and he is frightened by them. |
| EDUC | | | |
| (EMOA) | 2 | 1 | MO made appointment last year with the eye clinic to correct Ian's crossed right eye, but she was not able to keep the appointment and has not followed up since. She stated they did not have enough money to get dental care for Ian. |
| EMON | | | |
| (MEDI) | 2 | 1 | |
| PHYS | | | |
| SEXL | | | |
| SUPE | | | |
| OTHR | | | |

DEG OF AFF: 1-Affirms 2-Partially affirms 3-Denies 4-No explanation
ASM OF EXP: 1-Consistent 2-Possible/unlikely 3-Inconsistent 4-Unknown

ASSESSMENT OF HOME ENVIRONMENT

Home visit made? X YES ___NO DATE: 10/9/85

Home environment adequate to protect child(ren)? X YES ___NO

The physical environment of the home is minimally adequate. They live in an extremely small, two-bedroom apartment with an efficiency floor plan. The apartment was so cluttered it was difficult to walk in or to find a place to sit. Ian's bedroom was extremely dirty as were the sheets on his bed. The apartment did appear to have adequate heating and cooling. The Greens have rented this apartment now for three yrs. and are paying $75 a week. They have a desire to find more appropriate housing but have not been able to afford it. Mrs. Green appears to have minimal coping skills and can offer some protection for Ian in his home environment.

ADULT PROFILE: Name RUSSELL GREEN Rel FA Role AP

Other adults with same profile:

No evaluation factors noted.

| | | |
|---|---|---|
| **ACCESS TO CHILD** | *F | |
| Full-time | 01 | |
| Part-time | 02 | |
| Infrequent | 03 | |
| None | 04 | |
| **INDIVIDUAL CHARACTERISTICS** | *G | |
| No problems noted | 01 | |
| Psychological/emot. problems | 02 | |
| Limited intellectual ability | 03 | |
| Lack of impulse control | 04 | |
| Low self-esteem | 05 | |
| Suicide tendencies | 06 | |
| Substance abuse | 07 | MO reports that FA drank a lot in the past. |
| Problems with the law | 08 | Was arrested in the past for car theft and |
| History of physical assault | 09 | possession of stolen property. |
| History of sexual assault | 10 | |
| Other | 11 | |
| **PARENTING FACTORS** | *H | FA said his expectations are too high of Ian |
| Good parenting skills | 01 | Expects him not to be so curious and only to |
| Limited parenting skills | 02 | have to be told once. Expects Ian to have |
| Unreal. expect. of children | 03 | consideration for others. When Ian doesn't |
| Inappropriate discipline | 04 | mind he becomes very nervous & uptight. He |
| Other | 05 | stated that MO will not discipline Ian, so i is all left up to him. |
| **RELATIONSHIP FACTORS** | *I | |
| Healthy/supportive relat | 01 | |
| Marital/paramour problems | 02 | Parents state they have physical fights, |
| Sexual dysfunction | 03 | accuse one another of extramarital affairs. |
| Other | 04 | FA acknowledges family violence. |
| **STRESS FACTORS** | *J | |
| Financial problems | 01 | |
| Employment problems | 02 | Unemployed and looking for a job. |
| Health problems/disability | 03 | |
| Recent divorce/separation | 04 | |
| Other | 05 | |
| **VICTIMIZATION HISTORY** | *K | FA reports he was disciplined w/a belt by hi |
| No victimization history | 01 | mo, but didn't consider it severe and has no |
| Abused/neglected as child | 02 | recollection of ever being abused. His FA |
| Sexually abused as child | 03 | left at an early age, and he had to raise hi |
| Abused by spouse/paramour | 04 | younger brother a big part of the time. |
| Other | 05 | |
| **SOCIAL ISOLATION** | *L | |
| No isolation | 01 | |
| Some isolation | 02 | FA said he has broken all ties to his exten- |
| Severe isolation | 03 | ded family. |
| **REACTION TO WORKER** | *M | |
| Cooperative | 01 | |
| Uncooperative | 02 | |
| Hostile/threatening | 03 | |
| Other | 04 | |
| [illegible] | | According to MO, FA has left bruises on Ian in past from physical abuse |

All allegations explained to parent/caretaker? X YES __NO

| ALEG | AFF | ASM | EXPLANATION OF ALLEGATIONS |
|---|---|---|---|
| ABAN | | | FA admitted Ian is almost more than he can handle but denies ever having abused him in any way. He acknowledged family violence and the need for improvement in their family situation. Acknowledged that Ian was experiencing some emotional turmoil in the family situation as it is. |
| ABUS | 3 | 3 | |
| EDUC | | | |
| EMOA | 2 | 1 | |
| EMON | | | |
| MEDI | 4 | 4 | |
| PHYS | | | |
| SEXL | | | |
| SUPE | | | |
| OTHR | | | |

DEG OF AFF: 1-Affirms 2-Partially affirms 3-Denies 4-No explanation
ASM OF EXP: 1-Consistent 2-Possible/unlikely 3-Inconsistent 4-Unknown

ASSESSMENT OF HOME ENVIRONMENT

Home visit made? ___YES ___NO DATE:_____

Home environment adequate to protect child(ren)? ___YES ___NO

FINDINGS OF INVESTIGATION: Disposition of Allegations

| E | CHILD(REN) | EXTENT UNF | EXTENT RIB | ALLEGED PPR(S) | REASONS FOR DISPOSITION / CAUSE OF ABUSE/NEGLECT |
|---|---|---|---|---|---|
| 'S | Ian | 1 2 | (3) 4 5 | Russell Green | Although Ian has no current injuries, Mrs. Green admitted that she and her husband have both physically abused him, leaving bruises on occasion. She has whipped him with a belt and Russell has slapped him. Mother is afraid she will hurt Ian. |
| | | 1 2 | 3 4 5 | Karen Green | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| 'A | Ian | 1 2 | 3 (4) 5 | Russell Green | Parents have had numerous physical fights which have been witnessed by Ian, and these frighten him. Mother yells at Ian a great deal. Ian is manifesting emotional and behavioral consequences of the disturbed emotional family climate. |
| | | 1 2 | 3 4 5 | Karen Green | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| 'I | Ian | 1 2 | (3) 4 5 | Russell Green | Ian's teeth are decayed and crumbling, and parents have not followed through with dental care. He has a crossed right eye for which no treatment has been secured. |
| | | 1 2 | 3 4 5 | Karen Green | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |
| | | 1 2 | 3 4 5 | | |

## ASSESSMENT OF RESOURCE AVAILABILITY

### FAMILY ABILITY TO PROTECT CHILD(REN):

| | |
|---|---|
| | : is/are able to protect child(ren) on own. |
| Lydia Brown (REL) | : will monitor situation to protect child(ren) |
| Karen and Russell Green (PAR) | : will work with CPS to protect child(ren). |
| | : is/are unable to protect child(ren). |
| | : see(s) no need to protect child(ren). |
| | : is/are unwilling to protect child(ren). |
| | : Other: |

COMMENTS: Although abuse has occurred, both parents are motivated and willing to work with CPS to improve the situation. The Great Aunt will monitor the situation. I feel that the mother shows signs of being able to form a strong enough relationship with a worker that the child will be protected during the initial phase of our involvement.

### COMMUNITY RESOURCES USED/NEEDED TO PROTECT CHILD(REN):

Referrals made to Food Stamps, Housing Authority, Parenting Guidance Center, Eye Clinic, Family Dental Center, and Dr. Sigmund Freud for psychologicals for all family members.

CASE DECISION

RECOMMENDATION OF ACTION NEEDED TO PROTECT CHILD(REN)

___NONE: Close case  x OPEN: In-home services  ___OPEN: Child removal

WORKER COMMENTS: This is a multi-problem family, and it appears to be an explosive situation. There are no grounds for removal at this time, but I do feel that this family is in great need of intervention.

Date results of investigation explained to Parents/Caretakers: 10/14/85
Alleged victim(s): 10/14/85  Complainant: 10/19/85

WORKER SIGNATURE: Fritz Perls  DATE: 10/21/85

SUPERVISOR REVIEW:

Supervisor ___APPROVES  ___DOES NOT APPROVE worker recommendation.

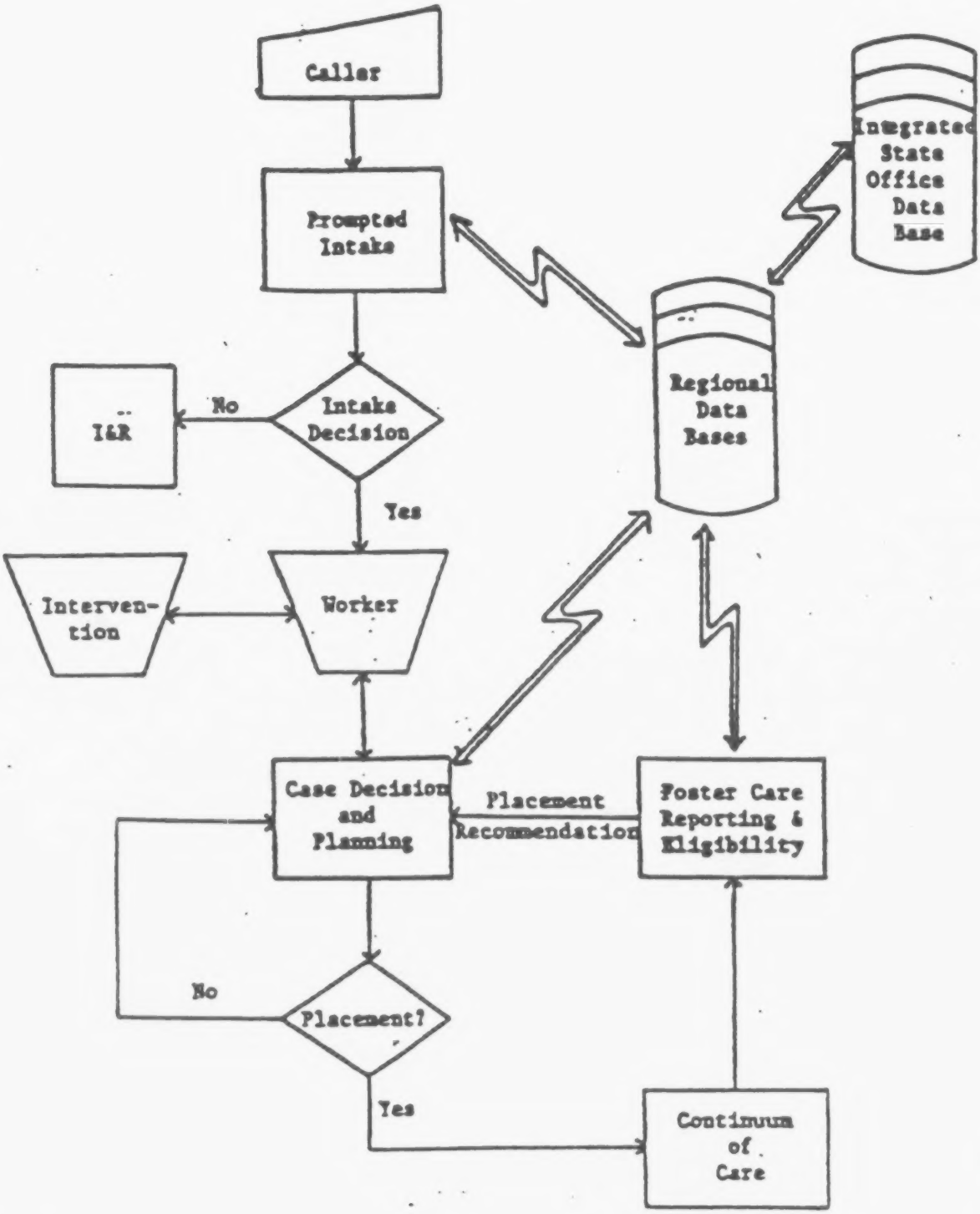
SUPERVISOR COMMENTS:

# CASE DECISION PROJECT

## CONCEPTUAL DESIGN SUMMARY

# FLOW OF CPS

## AUTOMATED SYSTEMS



# PROJECT OBJECTIVES

- ORIGINAL OBJECTIVES

  - PROVIDE METHODS TO IMPROVE THE CONSISTENCY AND ACCURACY OF DECISIONS DETERMINING THE EXISTENCE OF ABUSE OR NEGLECT AND ELIGIBILITY FOR CHILD PROTECTIVE SERVICES;

  - PROVIDE METHODS TO IMPROVE THE ASSESSMENT OF NEED FOR CONTINUED SERVICES TO REMEDY PROBLEMS CONTRIBUTING TO CHILD ABUSE OR NEGLECT.

- THESE OBJECTIVES WILL BE ACHIEVED THROUGH:

  - FOCUSING THE INVESTIGATION ON THE IDENTIFICATION AND RECORDING OF INFORMATION THAT IS PERTINENT TO THE DECISION TO OPEN OR CLOSE A CASE FOR SERVICES;

  - PROVIDING THE WORKER AND SUPERVISOR WITH INFORMATION THAT WILL ASSIST THEM IN THE INTERPRETATION OF DATA COLLECTED DURING THE INVESTIGATION;

  - REDUCING REPETITIVE RECORDING OF INFORMATION IN MULTIPLE FORMATS.

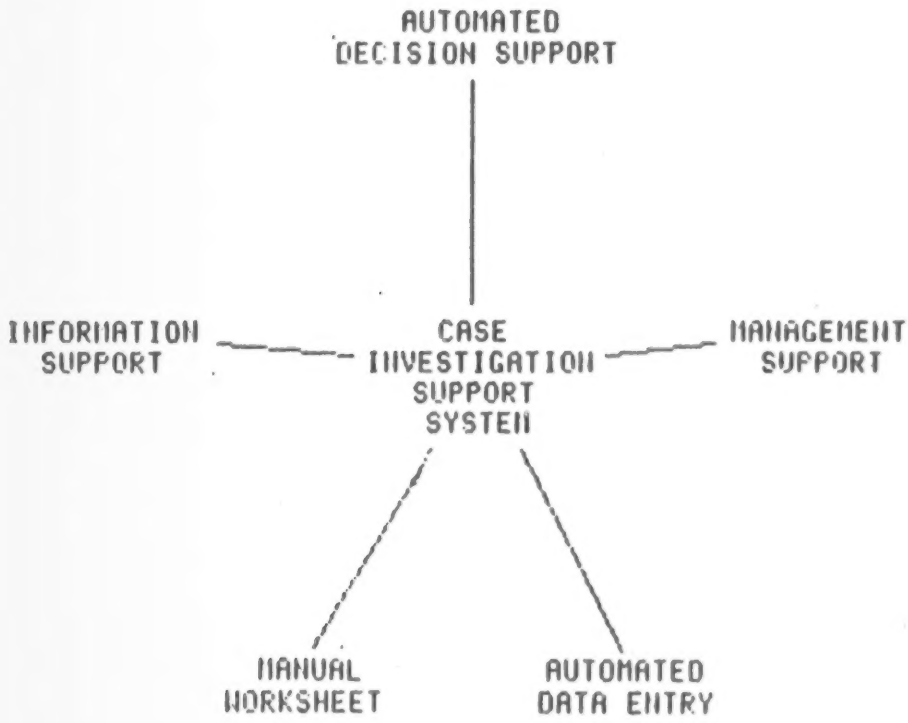
- PROJECT DELIVERABLES

  - PILOT OF AUTOMATED SYSTEM
    - Standardized data collection
    - Investigation decision support

  - MANUAL SYSTEM FOR NON-AUTOMATED SITES

  - PROJECT EVALUATION

- PROJECT DELIVERY DATE: FEBRUARY 28, 1986



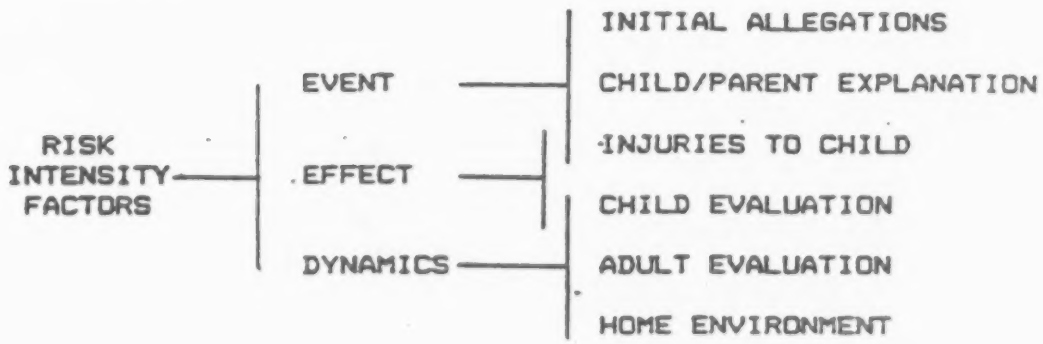

MAJOR SYSTEM COMPONENTS

## FEATURES OF THE SYSTEM: DECISION MODEL

- SYSTEM IS CONSTRUCTED TO REFLECT DECISION-MAKING PROCESS

- WHAT IS THE CASE DECISION?
  - CLOSE
  - OPEN: IN-HOME
  - OPEN: REMOVE

- CASE DECISION BASED UPON ASSESSMENT OF RISK INTENSITY AND OF RESOURCE AVAILABILITY



APPENDIX C

PILOT STATUS REPORT

Problems in using CIDSS Software

1. Currently the Case Directory serves as a useful tool for case identification and tracking the case status, but it does not contain all the information needed by the workers and managers for managing the investigation workload.

The result of this is that there is little incentive for the unit supervisor to keep information current on the Case Directory, and it tends to be perceived as an additional chore rather than as a management aid. In its current form the Case Directory does not replace the manual case log that supervisors use for the investigation caseload, although it does replace the manual notification of the regional Masterfile of case assignment.

With the addition of certain information fields, the Case Directory will be able to replace more of the manual case tracking systems currently in use, including the monthly generation of worker, unit, program, and regional statistics needed to manage the program. This, in turn, will provide the incentive to staff to keep the information current on the system.

2. The procedures involved in updating information on the Case Directory are cumbersome and inefficient.

CIDSS was designed to keep the Case Directory information current as a by-product of the worker's documentation of the case, but at the pilot site only two of 10 units are using this approach. The other eight units are having to manage the Case Directory by using the CIDS software in a manner for which it was not designed, i.e., as primarily a Management Information System, and this is proving to be very unwieldy.

Our original pilot implementation design called for Automated Mapper Intake (AMI) to begin first, followed by use of CIDSS by only two investigation units. The impact of CIDSS was to be assessed after 30 days, and a decision made to expand its usage to other units or to modify it before taking this step. However, soon after AMI was implemented, it became apparent that all units receiving cases from the intake unit would have to use CIDSS in order to ensure that cases initiated on AMI were received by the appropriate unit and acted on in a timely manner.

This had a great impact on pilot site staff, since many of them had to begin using CIDSS without the fully adequate preparation. Because the case documentation process on CIDSS had as yet to be tested, and because of an insufficient number of terminals to support full implementation of CIDSS with ten units, the decision was made for CIDSS to be fully imnplemented in two units, with the other units using CIDSS only to manage the the Case Directory. This brought on another set of problems.

In order to use CIDSS simply as an MIS, the supervisor must first sign on to CIDSS, assign the case to the worker and then sign off. When the case is completed, the worker must sign on to CIDSS, update key information in the case, and sign off. The supervisor must then sign on to CIDSS again, update information on the case, and then sign off. This process is not conducive to efficient unit management.

Another difficulty inherent in using CIDSS in this manner is that certain functions which CIDSS restricts only to supervisors or to workers are often carried out and/or documented by unit secretaries. In fact it is the unit secretaries who are responsible for maintaining the current manual systems used for unit case management. Thus, in order to use CIDSS primarily as an MIS requires that the unit secretary use the supervisor's and the worker's authorization to keep Case Directory information current. This is extremely time-consuming and raises issues about MAPPER security.

The result of all this is that management of the Case Directory is perceived as more of a burden upon the unit than an aid, and no unit has been able to keep all Case Directory information updated.

3. There is no audit trail for cases transferred from one unit to another.

When a case is transferred from one unit to another, there is no way for the receiving unit to know the origin of the case or when it was transferred. It appears in the receiving unit's Case Directory as a new case, but it does not necessarily appear at the bottom of the Directory, as cases transferred from the Intake Unit do. This has caused confusion among the units, and at times it has resulted in some cases not being recognized and acted upon in a timely manner.

4. Entry of case information on the case by the worker or unit clerk has not been fully tested at this point.

Some workers feel that it is too time-consuming for them to enter their own case information, while others feel that it works satisfactorily. The one unit clerk who is entering all cases into CIDSS feels she is able to enter the data as rapidly as she was able to do under the old system. The point, however, is that there has not been enough experience with data entry on CIDSS to form a conclusion about the value of this aspect of the system. The pilot site staff themselves do not want to disable this part of the pilot until more testing has been done.

5. There continue to be problems with the terminals "locking up."

This seems to be related to the printing process. At the Riverside office, when this problem became acute, it was alleviated by taking the COP print terminal off the DOPS and connecting it directly to the DCP. Other causes could be staff unfamiliarity with the software, lack of adequate user documentation, and/or inadequate problem resolution procedures.

6. Automated filing of CANRIS report is not yet ready for implementation.

Adding this capability to the system will increase the ability of CIDSS to streamline the paperwork aspects of the investigation. It will prevent the worker from having to fill out and call in the information on the 2202. It will also give us the opportunity to develop an efficient and effective way to automate this function for the field staff.

7. There is no current capability for adding subsequent intake reports to already open investigation cases.

On some cases, several referrals are received and sent to CIDSS on the same case. This appears in the Directory as if there are several cases, when in fact there is only one case with several referrals. The supervisors need the ability to attach to an already existing case subsequent referrals which do not warrant a separate investigation.

Changes Needed in CIDSS Software

I. Add needed fields to CIDSS Case Directory.

This is a change that was previously specified and agreed to by DIS. The new CIDSS Directory will have the following structure:

```
                    CIDS CASE DIRECTORY
*CANRIS .            CASE            .INTAKE.AC.PRIMARY .WKR . ZIP .TYPE.CS.CS.
* TMP # .            NAME            . DATE .PR.WRKR BJN.NAME. CODE.CASE.DE.ST.
*=======.============================.======.==.========.====.=====.====.==.==.


           CIDS CASE DIRECTORY
 CS. DATE .IN.S. DATE .DT REG.  CASE  .CURRENT .ND.S.P.
*ST.STATUS.PR.A.ASSGND.CANRIS.ASSISTNT.  USER  .CH.R.D.
*==.======.==.=.======.======.========.========.==.=.=.
```

II. Provide an efficient process for updating information on the Case Directory.

Field staff have requested one data entry screen on which to enter and update all data on the Case Directory. This would provide the ability to use CIDSS as an MIS in a much more efficient manner than they are able to do currently. The following data items would have to be included in this process:

CASE NAME
ACTUAL PRIORITY
PRIMARY WORKER BJN
ZIP CODE
CASE DECISION (To include the following:)
- CU: Closed in Intake Unfounded
- CO: Closed in Intake Other
- CN: Closed in Intake Non-CANRIS
- AC: Administrative Closure
- IH: Open for In-Home Services
- CR: Open for Child Removal

CASE STATUS (Include current codes and add one to indicate case transfer from one unit to another: TR)
SEXUAL ABUSE
DATE ASSIGNED

To use CIDSS as an MIS only, the supervisor and/or designated person in unit could call up the MIS data entry screen with a three-letter command. The screen would contain the following data elements:

**********

1. INITIAL CASE ASSIGNMENT.....BJN:_____.....DATE:_____
   PRIORITY AT ASSIGNMENT:__ SEX ABUSE (Y/N)?__

2. RE-ASSIGN CASE WITHIN UNIT.....BJN:_____.....DATE:_____

3. TRANSFER CASE TO ANOTHER UNIT.....BJN:_____

4. ACTUAL PRIORITY.....:__

5. UPDATE DEMOGRAPHIC INFORMATION.....:__

6. REGISTER CASE DECISION.....__CU: CLOSE IN INTAKE UNFOUNDED
   __CO: CLOSE IN INTAKE OTHER
   __CN: CLOSE IN INTAKE NON-CANRIS
   __AC: ADMINISTRATIVE CLOSURE
   __IH: OPEN FOR IN-HOME SERVICES
   __CR: OPEN FOR CHILD REMOVAL

7. DATE CASE DECISION
   APPROVED BY SUPERVISOR (MMDDYY).....:_____

**********

SPECIFICATIONS

A. INITIAL CASE ASSIGNMENT: All items would be entered at time of registering the initial assignment and would be locked. No update allowed. CASE STATUS field would show 'AS'. Date cannot precede date of intake report, nor can it be later than DATE CASE DECISION APPROVED BY SUPERVISOR.

B. RE-ASSIGN CASE WITHIN UNIT: This information would be updatable at any time. Date cannot be later than DATE CASE DECISION APPROVED BY SUPERVISOR, and it cannot be earlier than date of INITIAL CASE ASSIGNMENT. CASE STATUS shows 'RA'.

C. TRANSFER CASE TO ANOTHER UNIT: Date would be same as when this action was completed on the screen.

D. ACTUAL PRIORITY: Updatable at any time.

E. UPDATE DEMOGRAPHIC INFORMATION: By entering an 'X' in this field, when the screen is transmitted, the PRINCIPALS IN CASE screen from CAS is brought up so that demographic information can be updated.

F. REGISTER CASE DECISION: Updatable at any time. Can only be one item entered.

G. DATE CASE DECISION APPROVED BY SUPERVISOR: Date must be same as or later than dates in items A or B. No entry allowed in this field unless there are entries in A, D, and F. All data on screen locked after completion of this item.

III. Allow supervisor and unit clerical staff full access to CIDSS.

Supervisor and clerical staff should have ability to assign/ transfer/ approve cases for closure, enter data on cases, display all case data, and do manual MAPPER reporting.

IV. Provide an audit trail on cases transferred from one unit to another.

Each time a case is transferred from one CIDSS unit to another, display on the Case Directory the date of the transfer, the sending unit and the receiving unit. The CASE STATUS field should have a code to indicate its transfer status, such as 'TR'. The information on each case transfer should remain attached to the Directory entry for that case.

V. Allow manual entry of date of case assignment on COVER PAGE of the CIDSS case.

VI. Provide automated filing of CANRIS report.

VII. Provide ability to attach subsequent intake reports on an already open investigation case.

The specifications for this have already been developed.

VIII. Provide the ability for a person, when using CIDSS as an MIS only, to update directory information for cases in a specified group of units.

The persons authorized for this should be designated by the Lead Program Director, who should also specify which units are to be included in this configuration. This modification is essential for the implementation of AMI/CIDSS for the Arlington Metro Intake Unit.

## Creating the CIDSS File

All information is stored on the Developmental Mainframe computer in State Office and is accessible from any terminal authorized for MAPPER. Client data first enters the computer system when the intake worker documents a new child abuse/neglect referral on the Automated MAPPER Intake System (AMI). If the referral will need investigation, it is electronically assigned to the supervisor of the appropriate investigative unit. The case information is taken from the MAPPER file in the AMI System and is loaded into the CIDS System. The intake information is "locked," so that no alterations may be made to the information. (See attachment A for a list of all data items contained in the intake report.)

## The Case Directory

When the case is sent to CIDSS, certain case information is extracted from the file and is put into a case list called the Directory. The purpose of the Directory is to provide management reporting capabilities as well as to aid in case identification and tracking. The Directory is accessible on-screen or in printout by anyone who is authorized on CIDSS (See "SYSTEM SECURITY" below). The case information remains on the Directory as long as the case remains active in the investigation phase. It is purged when the investigation is completed and approved by the supervisor. See attachment B for a list of all data items contained in the Directory.

## System Security

There are three layers of security built into the CIDS System:

1. Authorization on MAPPER: One must first be authorized by the DIS programmer to get into the MAPPER system. This requires a request from the field staff to the CIDSS Project Director, who then writes a memo to the programmer with the names, function, and Social Security Number of staff who are requesting authorization on MAPPER. If approved, the staff person is assigned a MAPPER User ID which allows them access to the MAPPER Department which contains CIDSS. This ID, however, will not give the person access to the CIDS System until a further level of authorization is granted.

2. Authorization on CIDSS: Beginning with the level of Lead Program Director, each management level decides and controls who among their immediate subordinates will be able to use the CIDS System. This is done by the manager's adding the person's name (and certain personnel data) to the list of staff authorized on CIDSS. A manager cannot authorize someone who is not directly responsible to him/her in the regional management structure (which has been previously entered into the CIDS System by the programmer from information obtained from the Region). The manager can update or delete information about a subordinate at any time.

3. Levels of case access within CIDSS: This is controlled by job function and unit placement. Anyone who is authorized on CIDSS can review the contents of any case assigned to his/her supervisory unit. Cases in other supervisory units, however, are inaccessible unless the assigned worker authorizes someone outside his/her unit to review the case or enter data on the case.

   US=Unit Supervisor: The supervisor can assign a case in her unit to any worker in the unit, but s/he cannot enter data on the case unless the assigned worker authorizes her to do so.

   CW=Case Worker: No one except the assigned case worker can enter data on a case unless s/he authorizes another person to do so. This is done with a computer command called 'ASG' (Assign). The assigned worker also can release that authorization at any time by using a computer command called 'REL' (Release).

   CA=Case Assistant: This category refers to clerical staff and Community Service Aides. The case assistant can review on-screen any case in her supervisory unit. S/he can enter data in a case if the assigned worker authorizes her to do so.

   PD=Program Director: Cannot review on-screen any case or add data to any case unless the assigned worker authorizes her to do so. Cannot assign cases.

   LP=Lead Program Director: Same access as for PD.

   Anyone authorized on CIDSS has access to the directory listing of all cases on CIDSS and to employee information on anyone authorized on CIDSS. (See attachment C for contents of Employee file.

## Updating the CIDSS File

Information can be entered into the file at any point during the case investigation or after the investigation is completed. (See attachment D for structure and contents of the CIDSS file.). The data can be entered into the computer by the worker herself, or the worker can dictate the case information for data entry by a clerk. Entry is controlled by a series of data entry screens, which serve to ensure that all requisite data is present and accurate.

When all information has been documented, the worker registers his/her recommended case decision. At this point, the case information is "locked," preventing any modification of the file until it has been reviewed by the unit supervisor. The supervisor, after having reviewed the investigation, registers on the computer his/her approval or non-approval of the investigation. If the supervisor does not approve the case, it is "unlocked" and returned to the worker for further data entry. If s/he approves the case, the case file remains on "lock," and the information is kept until the 11th calendar day of the subsequent month to allow for end-of-month management reporting. At this time the information in the file is de-identified, stripped of all narrative, purged from the mainframe and stored on magnetic tape. The Directory entry is purged.

## Automated Filing of CANRIS Report

The CIDS System collects all information that constitutes the CANRIS report. When the worker has completed the investigation, s/he finalizes the CANRIS report on one of the CIDSS data entry screens. The CIDS System extracts and edits all CANRIS information and sends it electronically to the CANRIS System for creation of a CANRIS report. This generates the CANRIS turnaround report to the worker.

APPENDIX E

CIDSS ENTRY SCREENS

```
*      *  ******  *       *****   *****   **   **  ******
*      *  *       *      *      *     *  * * * *  *
*   *  *  *****   *      *      *     *  *  *  *  *****
 * * * *  *       *      *      *     *  *     *  *
  *   *   ******  ******   *****   *****   *     *  ******

                  *******   *****
                     *     *     *
                     *     *     *
                     *     *     *
                     *      *****

             *****  ***  *****    ****    ****
            *       *   *    *  *       *
            *       *   *    *   ****    ****
            *       *   *    *       *       *
             *****  ***  *****   *****   *****
```

```
                CANRIS #          MENU>                          EXIT
*****************************************************************************
```

This is the entry screen for CIDSS. A case an only be called up by entering the CANRIS# (C#). If the C# is not known, the user can use the Directory (DIR) command to see a list of cases in the system.

CASE INVESTIGATION DECISION SUPPORT C958046 - SMITH , TOM

TABLE OF CONTENTS

1. COVER SHEET
2. PRINCIPALS IN CASE
3. INTAKE ALLEGATIONS
4. INTAKE REPORT
5. RECORD OF CONTACTS
6. PROFILE OF PRINCIPALS
7. HOME ENVIRONMENT
8. FINDINGS OF INVESTIGATION
9. FAMILY RESOURCES
10. COMMUNITY RESOURCES
11. CASE DECISION
12. SUPERVISORY REVIEW

SELECTION # NEXT EXIT

**********

This is the menu screen, from which the user can select the section of the case s/he wishes to view or document. Each of the menu selections correspond to a specific part of the manual CIDSS Workbook.

```
        C O V E R   S H E E T          C958046 - SMITH          , TOM

WORKER: 53603A14 - JOHNSON        , RITA          DATE ASSIGNED: 070286

  ACTUAL PRIORITY: 01                 DATE OF INITIAL ASSIGNMENT: 070286

 INITIAL PRIORITY: 01          SEXUAL ABUSE AT INITIAL ASSIGNMENT? Y

  ORAL NOTIFICATION OF LAW ENFORCEMENT ON OR BEFORE JUNE 26, 1986     ? y

WRITTEN REPORT SENT TO LAW ENFORCEMENT ON OR BEFORE JUNE 30, 1986     ? y

     SUPERVISOR CONTACTED FOR APPROVAL ON OR BEFORE JUNE 26, 1986     ? y

              INVESTIGATION INITIATED ON OR BEFORE JUNE 26, 1986     ? y

 COMMENTS:
> these two lines are for comments                                    <
>                                                                     <
                                        MENU>     NEXT>     EXIT>     UNDO
*****************************************************************************
```

This corresponds to the Cover Sheet of the CIDSS Workbook. It allows for the tracking of certain required actions, depending upon case priority. This also is what the supervisor uses to assign, re-assign, or transfer a case. This is done simply by changing the BJN at the top of the page to the BJN of the person who is to receive the case.

```
P R I N C I P A L S   I N   C A S E     C958046 - SMITH          , TOM
  ROLE/LINE #/NAME                AG S RE  ROLE/LINE #/NAME                AG S RE
  P 01 TOM        SMITH           24 M FA    11
  P 02 SARAH      SMITH           22 F MO    12
  V 03 JOLLY      SMITH            8 F OV    13
    04                                       14
    05                                       15
    06                                       16
    07                                       17
    08                                       18
    09                                       19
    10                                       20
-------------------------------------------------------------------------------
LN 01  NAME LAST: SMITH            FIRST: TOM        MI:      AGE: 24  SEX: M
  ROLE: P   RELA: FA   MARITAL: MA   ETH: A        SSMS:      DOB: 040162
STREET: 1234 HARVEY ST.             CITY: AUSTIN            STATE. TX
   ZIP: 76897       COUNTY: 220  CHARACTERISTICS:    ,    ,
CLIENT NO.:            SSN:             TYPE A/N:      ,      ,      ,
     FATAL:     LEGAL ACT.:         PREV.INC.NO.:            LINE:
HOME PHONE: 657-9687           WORK/SCHOOL PHONE:
W/S ADDRESS:

              NAME>                        MENU>     NEXT>     EXIT>     UNDO
*******************************************************************************
```

This is where all demographic information about the family is entered and stored. It also contains most of the information needed for the finalization of the CANRIS report. This information is transferred to CIDSS from the Automated MAPPER Intake system, and it is updated by the investigation worker as needed.

```
INTAKE ALLEGATIONS        C958046          ABAN    EDUC    EMON    PHYS    SUPE
 ROLE LINE #/NAME                  AG S RE     ABLS    EMOA    MEDI    SEXL    OTHR
 P01 TOM        SMITH              24 M FA       P                       P
 P02 SARAH      SMITH              22 F MO       P                       P
 V03 JOLLY      SMITH               8 F OV       V                       V
  04*
  05*
  06*
  07*
  08*
  09*
  10*
  11*
  12*
  13*
  14*
  15*
  16*
  17*
  18*
  19*
  20*
                                                     MENU      NEXT      EXIT
*****************************************************************************
```

This is a record of all allegations made at intake and what each family member's role in each allegation is. It is transferred into CIDSS from AMI and it cannot be updated, since it is meant to be only a record of what was alleged at intake. 'P' indicated 'Alleged Perpetrator,' and 'V' indicates 'Alleged Victim.'

```
I N T A K E   R E P O R T            C958046 - SMITH          , TOM

   INTAKE WORKER: 53603A03 - SHEETS          , DAVID

  DATE OF INTAKE: 062586                  TIME OF INTAKE: 1454

        PRIORITY: 01                      SEXUAL ABUSE? Y

DATE OF INCIDENT: 062586              COUNTY OF HOUSEHOLD: 220

COMMENTS:
> XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX <
>                                                                              <
>                                                                              <
>                                                                              <
>                THIS IS THE FIRST PAGE OF THE INTAKE NARRATIVE.               <
>                                                                              <
>                                                                              <
>                                                                              <
>                                                                              <
> XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX <

PAGE  1  OF 3                                     MENU      NEXT      EXIT
*******************************************************************************
```

This is a record of the actual intake report from AMI. It includes up to 30 lines of narrative. It cannot be updated.

```
R E C O R D   O F   C O N T A C T S    C958046 - SMITH          , TOM
  INT LN NAME                          INT LN NAME
  NEI 01 ANONYMOUS                         11
  HOS 02 DOCTOR JONES                      12
      03                                   13
      04                                   14
      05                                   15
      06                                   16
      07                                   17
      08                                   18
      09                                   19
      10                                   20
 ---------------------------------------------------------------------------
 LN 02                    DATE OF CONTACT: 052686
                          TYPE OF CONTACT: INT
                 NAME OF PERSON CONTACTED: DOCTOR JONES
                     RELATIONSHIP TO CASE: HOS

 OBSERVATIONS:
> ONE NARRATIVE LINE                                                      <

                 NAME>                   MENU>     NEXT>     EXIT>     UNDO
***************************************************************************
```

This screen corresponds to the 'RECORD OF CONTACTS' pages of the CIDSS Workbook. It is essentially a record of each contact made on the case, detailing the name of the principal person in the contact, his/her relationship to the case, the date and the type of contact.

```
PROFILE OF PRINCIPALS                          C958046 - SMITH          , TOM
  ROLE/LINE #/NAME                 AG S RE  ROLE/LINE #/NAME                AG S RE
  P 01 TOM        SMITH            24 M FA    11*
  P 02 SARAH      SMITH            22 F MO    12*
  V 03 JOLLY      SMITH             8 F OV    13*
    04*                                       14*
    05*                                       15*
    06*                                       16*
    07*                                       17*
    08*                                       18*
    09*                                       19*
    10*                                       20*
 ------------------------------------------------------------------------------

              ACTION CODES:

                                 A - EVALUATION OF ADULT
                                 C - EVALUATION OF CHILD
                                 X - EXPLANATION OF ALLEGATIONS
                                 I - DESCRIPTION OF INJURIES (CHILDREN ONLY)

              LINE #       ACT>                    MENU      NEXT      EXIT
*******************************************************************************
```

This is the entry screen for the sub-screens which allow for entry of case information corresponding to pages 5-8 of the CIDSS Workbook--essentially the evaluation elements of the case. On this screen, the user specifies the person s/he wishes to enter information on and then indicates with one of the above codes what type of information s/he will enter. The computer then brings up the corresponding screen.

```
E V A L U A T I O N   O F   A D U L T   C958046 - SMITH          , TOM
  ROLE/LINE # NAME                AG S RE
  P 01 TOM        SMITH           24 M FA

 NO EVALUATION FACTORS NOTED:          PAST ABUSE/NEGLECT OF CHILD: X

                          12345                                  123456789.1
    ACCESS TO CHILD (F): X          INDIV CHARACTERISTICS (G):   X
  PARENTING FACTORS (H):  X  X       RELATIONSHIP FACTORS (I): XX
     STRESS FACTORS (J):  XX        VICTIMIZATION HISTORY (K):  X  X
   SOCIAL ISOLATION (L):   X           REACTION TO WORKER (M):    X

> 20 LINES OF NARRATIVE                                                    <
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 PAGE> 1  OF 1              PROFILE>      MENU>     NEXT>     EXIT>     UNDO
*****************************************************************************
```

This corresponds to the 'ADULT PROFILE' page of the CIDSS Workbook. Relevant psycho-social factors concerning the parent are entered here.

HELP - ADULT EVALUTION - ACCESS TO CHILD

01 - FULL-TIME
02 - PART-TIME
03 - INFREQUENTLY
04 - NONE

1234
CODE

**********

This screen and the following 7 screens allow the worker to document adult evaluation factors in an easier fashion than using the matrix format on the 'ADULT PROFILE' screen.

HELP - ADULT EVALUTION - INDIVIDUAL CHARACTERISTICS

01 - NO PROBLEMS NOTED
02 - PSYCHOLOGICAL/EMOT. PROBLEMS
03 - LIMITED INTELLECTUAL ABILITY
04 - LACK OF IMPULSE CONTROL
05 - LOW SELF-ESTEEM
06 - SUICIDE TENDENCIES
07 - SUBSTANCE ABUSE
08 - PROBLEMS WITH THE LAW
09 - HISTORY OF PHYSICAL ASSAULT
10 - HISTORY OF SEXUAL ASSAULT
11 - OTHER

12345678901
CODE

HELP - ADULT EVALUATION - PARENTING FACTORS

01 - GOOD PARENTING SKILLS
02 - LIMITED PARENTING SKILLS
03 - UNREAL. EXPECT. OF CHILDREN
04 - INAPPROPRIATE DISCIPLINE
05 - OTHER

12345
CODE

HELP - ADULT EVALUATION - RELATIONSHIP FACTORS

01 - HEALTHY/SUPPORTIVE RELATIONSHIP
02 - MARITAL/PARAMOUR PROBLEMS
03 - SEXUAL DYSFUNCTION
04 - OTHER

1234
CODE

HELP - ADULT EVALUATION - STRESS FACTORS

01 - FINANCIAL PROBLEMS
02 - EMPLOYMENT PROBLEMS
03 - HEALTH PROBLEMS/DISABILITY
04 - RECENT DIVORCE/SEPARATION
05 - OTHER

12345
CODE

HELP - ADULT EVALUTION - VICTIMZATION HISTORY

01 - NO VICTIMIZATION HISTORY
02 - ABUSED/NEGLECTED AS CHILD
03 - SEXUALLY ABUSED AS CHILD
04 - ABUSED BY SPOUSE/PARAMOUR
05 - OTHER

12345
CODE

HELP - ADULT EVALUATION - SOCIAL ISOLATION

01 - NO ISOLATION
02 - SOME ISOLATION
03 - SEVERE ISOLATION

123
CODE

HELP - ADULT EVALUATION - REACTION TO WORKER

01 - COOPERATIVE
02 - UNCOOPERATIVE
03 - HOSTILE/THREATENING
04 - OTHER

1234
CODE

```
EXPLANATION OF ALLEGATIONS                C958046 - SMITH          , TOM
  ROLE/LINE #.NAME                  AG S RE
  P 01 TOM        SMITH             24 M FA

 ALL ALLEGATIONS EXPLAINED (PARENT/CARETAKER ONLY)? Y

                                ABAN    EDUC    EMON    PHYS    SUPE
                                   ABUS    EMOA    MEDI    SEXL    OTHR
     DEGREE OF AFFIRMATION:        3

 ASSESSMENT OF EXPLANATION:        3

> 20 LINES OF NARRATIVE.                                                  <
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 PAGE> 1  OF 1              PROFILE>      MENU>     NEXT>     EXIT>     UNDO
*****************************************************************************
```

This screen corresponds with the 'Explanation of Allegations' section for the adult as well as the child on the CIDFSS Workbook. It allows for the entry of the explanation itself as well as the worker's coded assessment of the explanation.

```
E V A L U A T I O N   O F   C H I L D   C958046 - SMITH          , TOM
  ROLE/LINE #. NAME                AG S RE
  V 03 JOLLY      SMITH            8 F DV
   CHILD SEEN BY WORKER: Y                 DATE CHILD SEEN BY WORKER: 052686
      NO PROBLEMS NOTED:                   PREVIOUS ABUSE/NEGLECT: X

                                          123456789
 PSYCHOLOGICAL/EMOTIONAL CONDITION (A): XX   X
                 BEHAVIOR PATTERN (B):  X     X
           DEVELOPMENTAL CONDITION (C): X
        PHYSICAL CONDITION/HISTORY (D):   X
         PARENT-CHILD RELATIONSHIP (E):  X  X  X
> 20 LINES OF NARRATIVE.                                                  <
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 PAGE> 1  OF 1              PROFILE>      MENU>     NEXT>     EXIT>     UNDO
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```

This corresponds to the 'CHILD PROFILE' page of the CIDSS Workbook. Relevant information concerning the child's psycho-social and physical condition is entered here.

HELP - CHILD EVALUATION - PSYCHOLOGICAL/EMOT CONDITION

01 - NORMAL PSYCH/EMOT CONDITION
02 - DIAGNOSED MENTALLY RETARDED
03 - DIAGNOSED PSYCHOLOG PROBLEM
04 - LTD. INTELLECTUAL ABILITY
05 - ANXIOUS/FEARFUL
06 - WITHDRAWN/DEPRESSED
07 - HOSTILE/AGGRESSIVE
08 - SUICIDE TENDENCIES
09 - OTHER

123456789
CODE XX X

**********

This screen and the next 4 screens are help screens the worker can use to document the child evaluation factors, instead of using the matrix format on the 'PROFILE OF CHILD' screen. These type screens are more "user-friendly."

HELP - CHILD EVALUATION - BEHAVIOR PATTERN

01 - NORMAL BEHAVIOR
02 - HYPERACTIVE
03 - SUBSTANCE ABUSE
04 - PHYSICALLY ASSAULTS OTHES
05 - SEXUAL ACTING-OUT
06 - SCHOOL PROBLEMS
07 - DELINQUENT BEHAVIOR
08 - DEFIANT/PROVOKING BEHAVIOR
09 - DISTURBED/UNUSUAL BEHAVIOR
10 - OTHER

```
        1234567890
CODE     X     X
```

HELP - CHILD EVALUATION - DEVELOPMENTAL CONDITION

01 - NORMAL DEVELOPMENT
02 - BELOW NORMAL WEIGHT/HEIGHT
03 - DELAYED SPEECH/MOTOR
04 - DELAYED SOCIAL DEVELOPMENT
05 - OTHER

12345
CODE X

HELP - CHILD EVALUATION - PHYSICAL CONDITION/HISTORY

01 - GOOD PHYSICAL CONDITION
02 - PREMATURE/LOW BIRTH-WEIGHT
03 - SERIOUS ILLNESS/INJURY
04 - DISABILITY
05 - POOR HYGIENE
06 - FAILURE TO THRIVE
07 - MALNUTRITION
08 - SKIN RASH/DISORDER
09 - OTHER

```
        123456789
CODE      X
```

HELP - CHILD EVALUATION - PARENT-CHILD RELATIONSHIP

01 - NORMAL INTERACTION
02 - BONDING/ATTACH. DISRUPTION
03 - ROLE REVERSAL
04 - LACK OF NURTURE/STIMULATION
05 - CHILD AFRAID OF PARENT
06 - CHILD UNWANTED
07 - CHILD SCAPEGOATED
08 - CHILD PERCEIVED NEGATIVELY
09 - OTHER

```
        123456789
CODE     X  X  X
```

```
DESCRIPTION OF INJURIES                    C958046 - SMITH          , TOM
  ROLE LINE #/NAME                  AG S RE
  V 03  JOLLY      SMITH             8 F O
          NO INJURIES NOTED:
  INJURIES OF MULTIPLE AGES? N                    PICTURES TAKEN? Y
        BTEHG            BTEHG            BTEHG            BTEHG            BTEHG
  BONE:            DISL:            INTL:            SKUL:            OTHR:
  BRAI:            DISM:            POIS:            SPRA:
  BRUI: XX         EXPO:            SCAL:            SUFF:
  BURN: X   X      HEMA:            SENS:            WELT: XX
  COMO:            HEMR:            SEXL:            WOUN:

> 10 LINES OF NARRATIVE.
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PAGE> 1 OF 1                PROFILE>      MENU> 7   NEXT>     EXIT>     UNDO
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```

This corresponds to the 'CHILD INJURIES' section of the CIDSS Workbook. It allows for a documentation of all child injuries.

```
H O M E   E N V I R O N M E N T        C958046 - SMITH          , TOM
   A S S E S S M E N T

                HOME VISIT MADE (Y/N)? Y
                      DATE (MMDDYY): 052686
      HOME ENVIRONMENT ADEQUATE (Y/N)? Y
      ANNUAL FAMILY INCOME CODE (1-5): 3        CODE 1 - $0 TO $8,999
                                                     2 - $9,000 TO $17,999
                                                     3 - $18,000 TO $33,999
                                                     4 - $34,000 TO $62,999
                                                     5 - $63,000+

> 10 LINES OF NARRATIVE.                                                    <
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 PAGE> 1 OF 1                          MENU>     NEXT>     EXIT>     UNDO
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```

This screen corresponds to tje 'ASSESSMENT OF HOME ENVIRONMENT' section of the CIDSS Workbook.

FINDINGS OF INVESTIGATION C953046 - SMITH , TOM

CATEGORIES OF ABUSE/NEGLECT

| | | |
|---|---|---|
| | 1. | ABANDONMENT |
| INTAKE ALLEGATION | 2. | PHYSICAL ABUSE |
| | 3. | EDUCATIONAL NEGLECT |
| | 4. | EMOTIONAL ABUSE |
| SUBSEQUENT ALLEGATION | 5. | EMOTIONAL NEGLECT |
| | 6. | MEDICAL NEGLECT |
| | 7. | PHYSICAL NEGLECT |
| INTAKE ALLEGATION | 8. | SEXUAL ABUSE |
| | 9. | LACK OF SUPERVISION |
| | 10. | OTHER ABUSE/NEGLECT |

CATEGORY # ACT> MENU NEXT EXIT

**********

This is the entry screen for screens documenting the findings on each case allegation. Each allegation made at intake will be indicated by 'INTAKE ALLEGATION'. If the worker documents new allegations discovered during the coruse of the investigation, they will be indicated by 'SUBSEQUENT ALLEGATION.' Each allegation has a separate screen which must be entered and documented to indicate the findings on that allegation.

This screen corresponds to the 'FINDINGS OF INVESTIGATION' page of the CIDSS Workbook.

```
 2.  PHYSICAL ABUSE      (UPDATE)       C958046 - SMITH          , TOM
 ROLE LINE # NAME                  AG S RE  ROLE LINE #/NAME                AG S RE
P P01<TOM        SMITH            24 M FA    11*
U P02 SARAH      SMITH            22 F MO    12*
4 V03<JOLLY      SMITH             8 F OV    13*
   04*                                        14*
   05*                                        15*
   06*                                        16*
   07*                                        17*
   08*                                        18*
   09*                                        19*
   10*                                        20*
> 10 LINES OF NARRATIVE.
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 PAGE> 1 OF 1              CATEGORY>      MENU>     NEXT>     EXIT>     UNDO
*****************************************************************************
```

This is an example of an allegation screen. Here the user indicates whether or not a person was found to be a perpetrator and what the extent of abuse/neglect was for each alleged victim. If a person was found to be a perpetrator, a 'P' is entered to the left of his/her name. The extent of abuse/neglect is indicated by the entry of a number (1-5) to the left of the child's name:

1-Abuse/neglect clearly not present
2-Abuse neglect not substantiated, but some risk is indicated
3-Minimal abuse/neglect
4-Moderate abuse/neglect
5-Severe abuse/neglect

The worker uses the narrative space to support his/her findings. The left-pointing arrow to the left of some of the names above indicates that that person was alleged at intake as a perpetrator or victim, and an entry of a finding for that person is required.

```
F A M I L Y   R E S O U R C E S          C958046 - SMITH          , TOM
  ROLE/LINE # NAME                AG S RE  ROLE/LINE # NAME                AG S RE
 S P01 TOM        SMITH           24 M FA    11
   P02 SARAH      SMITH           22 F MO    12
   V03 JOLLY      SMITH            8 F OV    13
    04                                       14
    05                                       15
    06                                       16
    07                                       17
    08                                       18
    09                                       19
    10                                       20
> 10 LINES OF NARRATIVE.                                                    <
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 PAGE> 1 OF 1                            MENU> 9   NEXT>     EXIT>    UNDO
*****************************************************************************
```

This screen corresponds to the 'FAMILY ABILITY TO PROTECT CHILD(REN)' section of the CIDSS Workbook. The user indicates a given person's ability to protect by entering a one-digit code to the left of his/her name. (See next page for codes.) This screen is only used if there is some degree of risk found in the case.

HELP FOR FAMILY/COMMUNITY ABILITY TO PROTECT.

1 - IS ABLE TO PROTECT CHILD(REN) ON OWN
2 - WILL MONITOR SITUATION TO PROTECT CHILD(REN)
3 - WILL WORK WITH CPS TO PROTECT CHILD(REN)
4 - IS UNABLE TO PROTECT CHILD(REN)
5 - SEES NO NEED TO PROTECT CHILD(REN)
6 - IS UNWILLING TO PROTECT CHILD(REN)
7 - OTHER

CODE 5

==========

These are the codes used to indicate ability to protect for 'FAMILY RESOURCES' and 'COMMUNITY RESOURCES.'

```
C O M M U N I T Y   R E S O U R C E S      C958046 - SMITH          , TOM
   INT/LINE #/NAME                          INT/LINE # NAME
   NEI 01 ANONYMOUS                            11*
 3 HOS 02 DOCTOR JONES                         12*
       03*                                     13*
       04*                                     14*
       05*                                     15*
       06*                                     16*
       07*                                     17*
       08*                                     18*
       09*                                     19*
       10*                                     20*
> 10 LINES OF NARRATIVE.                                                  <
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 PAGE> 1 OF 1                            MENU> 11  NEXT>     EXIT>     UNDO
*****************************************************************************
```

On this screen the worker can document the degree of protection available in a risk case offered by a resource outside the home environment. The code indicating degree of protection is entered to the left of the name.

```
C A S E   D E C I S I O N                C958046 - SMITH          , TOM

 DATE RESULTS OF INVESTIGATION EXPLAINED TO PARENTS/CARETAKER: 060186
                                                ALLEGED VICTIMS: 060186
                                                    COMPLAINANT: 060186

 RECOMMENDED ACTION: IH                 DATE OF RECOMMENDATION: 052686

> 10 LINES OF NARRATIVE.                                                    <
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 PAGE> 1 OF 1                              MENU> 12  NEXT>     EXIT>     UNDO
*******************************************************************************
```

This corresponds to the 'RECOMMENDATION OF ACTION NEEDED TO PROTECT CHILD(REN)' section of the CIDSS Workbook. Here the worker documents his/her recommended case decision.

```
S U P E R V I S O R Y   R E V I E W     C958046 - SMITH          , TOM


        RECOMMENDED ACTION: IH        DATE OF RECOMMENDATION: 052633

 CONCUR WITH CASE DECISION: Y                 DATE OF REVIEW: 061086



>10 LINES OF NARRATIVE.                                                 <
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 PAGE> 1 OF 1                            MENU>     NEXT>     EXIT>     UNDO
*******************************************************************************
```

This corresponds to the 'SUPERVISOR REVIEW' section of the CIDSS Workbook. The supervisor completes this screen after having reviewed the case documentation. If s/he agrees with the case decision, the case is finalized and no further updates can be made.

CASE DECISION PROJECT
UTILIZATION AND DISSEMINATION ACTIVITIES
September 1984 to August 1986

| ACTIVITY/PRODUCT/AUDIENCES | INDICATORS OF UTILIZATION |
|---|---|
| REPORTS | |
| Quarterly Reports<br>Office of Human Development Services project<br>Officer and grants management staff<br>DHS regional and state administrative staff<br>Illinois Department of Children and Families | A manual workbook for investigation and assessment of child abuse and neglect cases has been developed and is ready for statewide implementation. An automated case investigation and assessment system has been piloted. The automated system will be implemented where hardware is available. |
| Final Progress Description and Evaluation Report<br>Office of Human Development Services project<br>Officer and grants management staff<br>DHS regional and state administrative staff<br>Illinois Department of Children and Families<br>Education Research Information Center<br>Project Share | A copy of the final report will be sent to ERIC and Project Share. |
| PRESENTATIONS | |
| DHS regional directors for children and families | Information on the project results. |
| Regional Conferences<br>Child Welfare League Conference<br>"Children Who Wait" Conference<br>National Research, Demonstration and Evaluation Conference | Information on the project results. |
| National Conferences<br>Presentation to OHDS administrative staff | M. Burnbaum and M. Dukler presented CIDSS as one example of DHS's use of micro computers for more efficient casework and administration in child protective services. |

| ACTIVITY/PRODUCT/AUDIENCES | INDICATORS OF UTILIZATION |
|---|---|
| OTHER CONTRACTS | |
| Ram Raminofin<br>University of Illinois Consultant | Exchange of information with other state involved in similar projects<br><br>DHS's system included in a survey being done for the Illinois Department of Children and Family Services which is planning for automation of their program. |
| Alabama Department of Pensions and Security | Requested a copy of their grant application for possible use as a model. |
| PRODUCTS | |
| Manual Investigation and Assessment Worksheet TDHS Child Protective Services staff | Statewide implementation. |
| Automated Investigation and Assessment System TDHS Child Protective Services staff | Implementation planned for locations having computer hardware. |